0626

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00585

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda rural X
LENGTH OF STAY (in this place) 23 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital 50

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Easton 20X - 2
STREET ADDRESS (If rural give location) P.O. Box 144 RFD #4

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Andrew (Last) AMACKER Sr.
4. DATE OF DEATH: (Month) January (Day) 23 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: March 2, 1883
9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dairy Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Dairy
11. BIRTHPLACE (State or foreign country): Oak Park Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Johan Amacker
14. MOTHER'S MAIDEN NAME: Anna Elizabeth JUAN

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) - - -
16. SOCIAL SECURITY No.: - - -
17. INFORMANT & ADDRESS: Wife: Harriet M. Amacker RFD #4 Easton Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X

Immediate cause (a) Carcinoma of Lung DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO (c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 31, 1953, to Jan. 23, 1954, that I last saw the deceased alive on Jan. 23, 1954, and that death occurred at 9:00 a.m., from the causes and on the date stated above.
SIGNATURE C.J. McCleah (Degree or title) ADDRESS U.S. Naval Hospital, NNMC, Bethesda, Maryland DATE SIGNED January 26, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF January 28 1954 NAME OF CEMETERY OR CREMATORY Spring Hill Cemetery LOCATION (City, town, or county) (State) Easton, Maryland
DATE REC'D BY LOCAL REGISTRAR 26 January 1954 REGISTRAR'S SIGNATURE Mary C. Farrelly
24. FUNERAL DIRECTOR R.A. Pumphrey Funeral Home, 7557 Wisconsin Avenue, Bethesda, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 29 1954
BUREAU V. S.

0594

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00586

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY MONTGOMERY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TAKOMA PARK 17
LENGTH OF STAY (in this place) 3 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7300 - BALTO. AVE X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY MONT.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TAKOMA PARK 17
STREET ADDRESS (If rural give location) 7300 BALTIMORE AVE TAK. PK. MD

3. NAME OF DECEASED: (Type or Print) (First) CORA (Middle) EVELYN (Last) BARD

4. DATE OF DEATH: (Month) JAN. (Day) 28 (Year) 1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: MAR. 4, 1867
9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): PINEY POINT MD
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: RICHARD J. MARSHALL
14. MOTHER'S MAIDEN NAME: JANE V. FRANZONI

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT & ADDRESS: WILLIAM M. BARD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

416X

Immediate cause (a) Cerebral arteriosclerosis -

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Rheumatic heart disease with

DUE TO (c) generalized degenerative arthritis sure

Interval Between Onset And Death: Years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1952 to Jan 28, 1954, that I last saw the deceased alive on Jan 28, 1954, and that death occurred at 10:40 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Ernest A. Saran MD
ADDRESS 7006 New Hampshire Ave TAKOMA PARK MD
DATE SIGNED 1/28/54

23. BURIAL, ~~CREMATION, REMOVAL~~ (Specify): BURIAL
DATE THEREOF 1/30/54
NAME OF CEMETERY ~~OR CREMATORY~~: CONGRESSIONAL
LOCATION (City, town, or county) WASHINGTON (State) D.C.

DATE REC'D BY LOCAL REGISTRAR Jan. 29 1954
REGISTRAR'S SIGNATURE J. Wilma Dodd

24. FUNERAL DIRECTOR W.W. CHAMBERS CO.
ADDRESS 1400 CHAPIN ST N.W. WASH. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 1 1954
BUREAU V. S.

0627

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The Street age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00587

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 1535 Montpelier St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland ~~Baltimore~~ COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3V01-4
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Francis (Last) Barrett
4. DATE OF DEATH: (Month) Jan. (Day) 11 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Sept-24-1882
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Railroad Engineer
11. BIRTHPLACE (State or foreign country): Ireland
12. CITIZEN OF WHAT COUNTRY? N.S.

13. FATHER'S NAME: John Barrett
14. MOTHER'S MAIDEN NAME: Catherine O'Connel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: 1535 Montpelier - Baltimore Wife - Mrs Hazel K Barrett Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 X

Immediate cause (a) Cerebral hemorrhage

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Essential Hypertension — Interval Between Onset And Death: 2 years

DUE TO (c) Arteriosclerosis, Generalized

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary Artery Heart Disease

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) None
(CITY OR TOWN) Silver Spring, Md (COUNTY) Montgomery (STATE) Md.
TIME OF INJURY (Month) 1 (Day) 8 (Year) 1954 (Hour) 1 A.m.
INJURY OCCURED While at Work ☐ Not While At Work ☒
HOW DID INJURY OCCUR? No injury

22. I hereby certify that I attended the deceased from 1/7, 1954, to 1/11, 1954, that I last saw the deceased alive on 1/11, 1954, and that death occurred at 6 05 PM, from the causes and on the date stated above.

SIGNATURE Belden R. Heap (Degree or title) Md ADDRESS Silver Spring, Md. DATE SIGNED 1/11/54

23. BURIAL, CREMATION, REMOVAL (Specify) Entombment
DATE THEREOF 1/15/54
NAME OF CEMETERY OR CREMATORY Lorraine Mausoleum
LOCATION (City, town, or county) Baltimore Maryland (State)
DATE REC'D BY LOCAL REGISTRAR Jan 13, 1954
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Henry Sander & Sons Inc. ADDRESS Baltimore Maryland

Henry F. Sander

0620

00588

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville 26 | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1027 Paul Drive X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Montgomery COUNTY Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville 26
STREET ADDRESS (If rural, give location) 1027 Paul Drive

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Addie (Last) Beane
4. DATE OF DEATH (Month) JAN (Day) 7 (Year) 1954
5. SEX F
6. COLOR OR RACE W
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~. (Specify)
8. DATE OF BIRTH Aug 30 1893
9. AGE last birthday 60 yrs. | If under 1 year Months 4 Days 7 | If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Wash. D.C.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Benjamin F. Perry
14. MOTHER'S MAIDEN NAME Ida Ward
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mr M. E. Cheeks 912 Wade Ave Rockville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X Immediate cause (a) Cardiovascular-renal disease, with hypertension, albuminuria, & terminal congestive failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

260X (c)

INTERVAL BETWEEN ONSET AND DEATH: 5 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus. 10 years

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 1950, to Jan. 7, 1954, that I last saw the deceased alive on Jan. 6, 1954, and that death occurred at 3 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. A. Linthicum, M.D. ADDRESS Rockville, Md. DATE SIGNED 1/7/54.

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 1/9/54 | NAME OF CEMETERY OR CREMATORY Parklawn Cemetery | LOCATION (City, town, or county) (State) Rockville, Md.

DATE REC'D BY LOCAL REG. 1-12-54 | REGISTRAR'S SIGNATURE Helen S. Eckenfelder | 24. FUNERAL DIRECTOR Robert A. Pumphrey, ADDRESS Rockville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 13 1954
BUREAU V. S.

0628

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 00589

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4527 Avondale St. X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bethesda X
STREET ADDRESS (If rural, give location) 4527 Avondale St.

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Thomas (Last) Beatty
4. DATE OF DEATH (Month) Jan. (Day) 10, (Year) 19 54

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Feb. 28, 1903
9. AGE last birthday: 50 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Civil Engineer - Construction
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lycoming Co., Penna
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Beatty
14. MOTHER'S MAIDEN NAME: Anne T. McGee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 195-16-8808
17. INFORMANT & ADDRESS: Mrs. Sarah M. Beatty (wife) 4527 Avondale St., Bethesda, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Coronary occlusion — Interval Between Onset and Death: Sudden death
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Buechat M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 1-10-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1-13-54
NAME OF CEMETERY OR CREMATORY Mt. Carmel Cemetery
LOCATION (City, town, or county) (State) Lycoming County, Penna.

DATE REC'D BY LOCAL REG. Jan. 10, 1954
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert A. Pumphrey
ADDRESS Bethesda, Md

RECEIVED
JAN 13
BUREAU V. S.

0629

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda X; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase X; STREET ADDRESS (If rural give location) 5704 Kirkside Drive

3. NAME OF DECEASED: (Type or Print) (First) KATHERINE (Middle) J. (Last) BECKER

4. DATE OF DEATH: (Month) Jan. (Day) 23 (Year) 1954

5. SEX: Fe

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: May 19, 1866

9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR: Months 9 Days 4; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): New Jersey

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ?? Kearney

14. MOTHER'S MAIDEN NAME: Rhoda FARRell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: MRS Edward G. Leiter 5704 Kirkside Dr Chevy Chase Md

18. MEDICAL CERTIFICATION

			Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
443X Immediate cause	(a)	Apoplexy, Cerebral - Rt. Hemiplegia	56 hrs.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	Hypertensive Cardiovascular Disease	6 yrs.
	DUE TO (c)		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 6, 1951, to Jan 23, 1954, that I last saw the deceased alive on Jan. 23, 1954, and that death occurred at 9.32 am., from the causes and on the date stated above.

SIGNATURE (Degree or title) Leo M. Curtis M. D. ADDRESS 5707 Wisconsin Ave, Chevy Chase, Md. DATE SIGNED 1-23-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 1/25/54; NAME OF CEMETERY OR CREMATORY Mt. Olivet; LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REGISTRAR 1/24/54; REGISTRAR'S SIGNATURE Bessie M. Thompson; 24. FUNERAL DIRECTOR Robert A. Pumphrey; ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 26 19..
BUREAU V. S.

0555

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Park
LENGTH OF STAY (in this place) 36 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 8603 Old Bladensburg Rd

3. NAME OF DECEASED: (Type or Print) (First) Irene (Middle) (Last) Beckett

4. DATE OF DEATH: (Month) Jan (Day) 27 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 3-19-1892
9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Not Govt Employee
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): District of Columbia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel W. L. Beckett
14. MOTHER'S MAIDEN NAME: Annie E. Fenton

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Washington Sanitarium Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: 3 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arterial Hypertension — Undetermined

DUE TO (c) angina

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 23, 1954 to Jan 27, 1954, that I last saw the deceased alive on Jan 26 1954, and that death occurred at 6:20 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Leon L. Ball Md — ADDRESS 7835 Eastern Ave Silver Spring Md — DATE SIGNED Jan 27 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1-30-54
NAME OF CEMETERY OR CREMATORY Congressional
LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REGISTRAR Jan 27-1954
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR J. W. Lee Sons Co. — ADDRESS 300-4th St. N.W. Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 2[illegible]
BUREAU V.

0523

(M)

MARYLAND

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 223.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park — LENGTH OF STAY (in this place) 13 days.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Broadway.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium and Hospital	STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print)	(First) Lavenia	(Middle) (none)	(Last) Biller	4. DATE OF DEATH	(Month) 1	(Day) 22	(Year) 1954	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widow	7-2-70	83 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Virginia	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Joseph Smuck		14. MOTHER'S MAIDEN NAME Susan MacinTurff	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If year, give war or dates of service)	16. SOCIAL SECURITY NO. —	17. INFORMANT AND ADDRESS Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
4-2011 Immediate cause	(a) Coronary occlusion with Myocardial Infarction	15 Days.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Atherosclerosis	18 Mos.
	(c) Generalized Arteriosclerosis	Years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Jan. 9, 1954, to Jan. 22, 1954, that I last saw the deceased alive on Jan. 21, 1954, and that death occurred at 6:05 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or Title) Walter R. Monk M.D. ADDRESS 7701 Carroll Ave. Takoma Pk Md DATE SIGNED 1-22-54

23. BURIAL, CREMATION, REMOVAL (Specify) Removal	DATE 1-22-54	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) Broadway,	(State) Virginia
DATE REC'D BY LOCAL REG. Jan 22 1954	REGISTRAR'S SIGNATURE J. Wallace Dodd	24. FUNERAL DIRECTOR Demaris Funeral Home	ADDRESS Alex, Va	

MARGIN RESERVED FOR BINDING

RECEIVED

BUREAU V

0630

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) MONTGOMERY CO.
HOSPITAL OR INSTITUTION OR STREET ADDRESS GEN'L HOSPITAL, INC.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clarksburg
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Willaroy (Middle) (Last) Blood

4. DATE OF DEATH: (Month) January (Day) 12 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 2.9.44

9. AGE Last Birthday: 9 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: School

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Frank E. Blood

14. MOTHER'S MAIDEN NAME: Dorothy Miles

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 2

(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 204.3 (a) Acute Lymphoid Leukemia — Interval Between Onset And Death: 6 mo.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1948, to 1.12., 1954, that I last saw the deceased alive on 1.12., 1954, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS Sandy Spring Md DATE SIGNED 1/12/1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 1-15-54 NAME OF CEMETERY OR CREMATORY St Johns Olney Md LOCATION (City, town, or county) Montgomery Co. (State) Md

DATE REC'D BY LOCAL REGISTRAR 1-14-54 REGISTRAR'S SIGNATURE Gertrude B Lawler

24. FUNERAL DIRECTOR Roy W. Barber ADDRESS Laytonsville

VS. A15

BUREAU V. S.

0621

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 213

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 100 Dawson Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) 100 Dawson Ave.

3. NAME OF DECEASED: (Type or Print) (First) DEDDIE (Middle) ANDREW (Last) BOATWRIGHT St.

4. DATE OF DEATH (Month) Jan (Day) 27 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 21, 1900

9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR: Months 4 Days 6 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired D.C. Police

10b. KIND OF BUSINESS OR INDUSTRY: D.C. Gov't.

11. BIRTHPLACE (State or foreign country): Georgia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: James Boatwright

14. MOTHER'S MAIDEN NAME: Elizabeth Bailey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W. 1

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Lois H. Boatwright-Ite # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Found dead in bed

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: ✓

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Broschart M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 1-27-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 2-1-54

NAME OF CEMETERY OR CREMATORY Arlington National

LOCATION (City, town, or county) (State) Arlington, Va.

DATE REC'D BY LOCAL REG. 1-28-54

REGISTRAR'S SIGNATURE Dorothy M. Jacobson

24. FUNERAL DIRECTOR Robert H. Humphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

BUREAU V. S.

-0631

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. ...

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY ... MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethdsda, ...
LENGTH OF STAY (in this place) ...
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval ...

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE ... COUNTY ...
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ...
STREET ADDRESS (If rural give location) ... Bethesda, Md.,

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) H. (Last) Boyd

4. DATE OF DEATH: (Month) Jan. (Day) 6 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 3, 1[illegible]

9. AGE last birthday: ... yrs. IF UNDER 1 YEAR: Months ... Days 28 IF UNDER 24 HRS.: Hours ... Min. ...

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Mariner

10b. KIND OF BUSINESS OR INDUSTRY: U.S.Navy

11. BIRTHPLACE (State or foreign country): Queen Ann Coun., Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Russell C. Boyd

14. MOTHER'S MAIDEN NAME: Ida Goodhan

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes. (If Yes, give war or dates of service) WI

16. SOCIAL SECURITY NO.: ...

17. INFORMANT & ADDRESS: Son: George H. Boyd Jr., Same as above.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset And Death: 1 Month

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) arteriosclerotic Heart Disease — 8 months

DUE TO

(c) arteriosclerosis, Generalized — unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. aortic insufficiency, Hypertension, myocardial infarction — unknown

19a. DATE OF OPERATION: ...

19b. MAJOR FINDINGS OF OPERATION ...

20. AUTOPSY? Yes ... No XX

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ...

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ... (CITY OR TOWN) ... (COUNTY) ... (STATE) ...

TIME OF INJURY (Month) (Day) (Year) (Hour) ... m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? ...

22. I hereby certify that I attended the deceased from Jan. 3, 19 54, to Jan. 6, 19 54, that I last saw the deceased alive on Jan. 6, 19 54, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

SIGNATURE R. Rivet, LCDR MC USN (Degree or title) ADDRESS U.S.Naval Hospital, NNMC, Bethesda, Maryland DATE SIGNED January 7, 19 54

23. BURIAL, CREMATION, REMOVAL (Specify) ... DATE THEREOF January 9, 19 54 NAME OF CEMETERY OR CREMATORY Arlington National Cemetery LOCATION (City, town, or county) Arlington (State) Virginia.

DATE REC'D BY LOCAL REGISTRAR January 7 19 54 REGISTRAR'S SIGNATURE Mary E. Caswell

24. FUNERAL DIRECTOR ADDRESS Lee Funeral [illegible], [illegible] Ave., [illegible], Md.

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BUREAU V. S.

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0632 M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring | LENGTH OF STAY (in this place) MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural give location) 4004 Glendale Rd.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) (Last) Brandt

4. DATE OF DEATH: (Month) Jan. (Day) 2 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed | 8. DATE OF BIRTH: Jan. 11, 1869 | 9. AGE last birthday: 84 yrs. | IF UNDER 1 YEAR: Months 12 Days 21 | IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Sales Manager | 10b. KIND OF BUSINESS OR INDUSTRY: Automotive Parts | 11. BIRTHPLACE (State or foreign country): Germany | 12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: August Brandt | 14. MOTHER'S MAIDEN NAME: Catherine Albrecht

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of) | 16. SOCIAL SECURITY No.: | 17. INFORMANT & ADDRESS: Mrs Katherine Wilkins-Iten# 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 420.1 Acute Congestive Heart Failure — Interval Between Onset And Death: 6 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Coronary heart disease without infarction — 1 mo.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1, 1953 to Jan. 2, 1954, that I last saw the deceased alive on Jan. 1, 1954 and that death occurred at 3:45 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Herbert B. Kuder M.D. | ADDRESS 7200 Glendale Rd. | DATE SIGNED Jan 2, 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial-Transit | DATE THEREOF 1-2-54 | NAME OF CEMETERY OR CREMATORY Woodlawn | LOCATION (City, town, or county) (State) New York, New York

DATE REC'D BY LOCAL REGISTRAR 1/3/54 | REGISTRAR'S SIGNATURE Bessie M Thompson | 24. FUNERAL DIRECTOR Robert A. Dumphrey | ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

DUREAU V. S.

0033

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Bethesda
LENGTH OF STAY (in this place) O.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Monty
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 4206 Dayhill Rd.

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) E. (Last) Brick

4. DATE OF DEATH (Month) Jan (Day) 30 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 4-4-'26
9. AGE last birthday: 27 yrs. IF UNDER 1 YEAR Months 9 Days 28 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Army
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William L. Brick
14. MOTHER'S MAIDEN NAME: Edna Damen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW11
16. SOCIAL SECURITY No.: 359-14-4107
17. INFORMANT & ADDRESS: Stella G. Brick- Item 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

973.1
Immediate cause (a) Carbon Monoxide poisoning
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead in car

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☒ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21c. (City or town) Silver Spring (County) Monty (State) Md
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Found in car with hose attached to exhaust extending in car

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Broschart M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 1-30-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 2-2-54
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) Arlington, Virginia (State)

DATE REC'D BY LOCAL REG. 2/2/54
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10598

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery | MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Bethesda X | LENGTH OF STAY (in this place) 2½ Do.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland. | COUNTY Montgomery.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase. X
STREET ADDRESS (If rural give location) 112 Taylor St.

3. NAME OF DECEASED: (Type or Print) (First) Lorin (Middle) Andrews (Last) Brown.

4. DATE OF DEATH: (Month) Jan. (Day) 6 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 1-24-1870

9. AGE last birthday: 83 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Navy Yard

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John H Brown.

14. MOTHER'S MAIDEN NAME: Minnie Burland.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Daughter - Mrs Rovene S. Yost 112 Taylor St. Chevy Ch. Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 420.1 Myocardial Infarct. | Interval Between Onset And Death: 2 days.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) —

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 1951, to 1-6, 1954, that I last saw the deceased alive on 1-5, 1954, and that death occurred at 9:55 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Irene G. Tamagna M.D. | ADDRESS 6501 Conn. Ave. Ch. Ch. Md. | DATE SIGNED 1-6-1954

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 1/7/54 | NAME OF CEMETERY OR CREMATORY Rock Creek Cem. | LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR 1/6/54 | REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Neal Funeral Home | ADDRESS Washington D.C.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Echo X
LENGTH OF STAY (in this place) 8½ yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 17 Princeton St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Echo X
STREET ADDRESS (If rural, give location) 17 Princeton St.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Joseph (Last) Brufach
4. DATE OF DEATH (Month) Jan (Day) 17 (Year) 1954

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow
8. DATE OF BIRTH 2-12-1876
9. AGE last birthday 77 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cabinet maker
10b. KIND OF BUSINESS OR INDUSTRY retired
11. BIRTHPLACE (State or foreign country) Austria
12. CITIZEN OF WHAT COUNTRY? N.S.A.

13. FATHER'S NAME Joseph Brufach
14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Marie Hertstein (daughter) 17 Princeton St Glen Echo, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxia due to hanging

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead in bed room of home

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? hung self by neck with binder cord.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Broschart M.D.
ADDRESS Gaithersburg Md
DATE SIGNED 1-17-54

23. BURIAL, CREMATION REMOVAL (Specify) Removal + Burial
DATE THEREOF Jan. 18, 1954
NAME OF CEMETERY OR CREMATORY St. Aloysius Church Cem.
LOCATION (City, town, or county) (State) Bridgetown - Cheviot Ohio

DATE REC'D BY LOCAL REG. 1/18/54
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR H. Don DeVol - Wash. DC.
ADDRESS 2224-Wis. Ave. N.W.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 2 7

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D.#1 X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) R.F.D.#1

3. NAME OF DECEASED (Type or Print) (First) Roland (Middle) Ramsey (Last) Burriss
4. DATE OF DEATH (Month) Jan. (Day) 22 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH 6/29/1900
9. AGE last birthday 53 yrs. If under 1 year Months Days If under 1 day Hours

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Builder
11. BIRTHPLACE (State or foreign country) Aspen, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Amos Burriss
14. MOTHER'S MAIDEN NAME Sara Burriss

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW I, WW II
16. SOCIAL SECURITY NO. 212-14-5387
17. INFORMANT AND ADDRESS Mrs. Sarah Frances Burriss, R.F.D.#1 Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause (a) Coronary occlusion
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)
(c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead in bed

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry X thereon and from the evidence [illegible] said Autopsy, Inspection or Inquiry, find [illegible] and deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Frank J Broschart M.D. Gaithersburg Md 1-22-54

[illegible] DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)
Burial 1/26/54 Arlington National Cemetery Arlington County, Va.

DISTRICT BY LOCAL REGISTRAR'S SIGNATURE 21. FUNERAL DIRECTOR ADDRESS
25/54 Frances [illegible] Warner E. Pumphrey, 8434 Georgia Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

FASE WRITE [illegible] INLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

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BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Germantown
STREET ADDRESS (If rural give location) Route I.

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Edward (Last) Carter
4. DATE OF DEATH: (Month) Jan. (Day) 24 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Feb. 29-1872
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Minister.
11. BIRTHPLACE (State or foreign country): Va.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Tepney Carter.
14. MOTHER'S MAIDEN NAME: Unk.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Wife, Mrs Elsie Carter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia — Interval Between Onset And Death: 10 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Prostatic Carcinoma with Metastasis — unknown

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pathologic Fractures Rt. & Left Humerus — 13 days

19a. DATE OF OPERATION: no
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Germantown (COUNTY) Montgomery (STATE) Md.
TIME OF INJURY (Month) Jan. (Day) 9 (Year) 1954 (Hour) 8:30 AM
INJURY OCCURED While at Work ☐ Not While At Work ☒
HOW DID INJURY OCCUR? Fell off stool

22. I hereby certify that I attended the deceased from 9 Jan., 1954, to 24 Jan., 1954, that I last saw the deceased alive on 24 Jan., 1954, and that death occurred at 10 P.M., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) [illegible] ADDRESS [illegible] DATE SIGNED 1-25-54

23. BURIAL, CREMATION, REMOVAL (Specify) [illegible]
DATE THEREOF Jan 28 1954
NAME OF CEMETERY OR CREMATORY Rocky Hill
LOCATION (City, town, or county) Clarksburg (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 1/27/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Roy W. Barber ADDRESS Laytonsville Md.

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2-17

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Rockville
LENGTH OF STAY (in this place) 60 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS MONTGOMERY CO. GEN'L HOSPITAL, INC.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) Rt 2

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Franklin (Last) Carter

4. DATE OF DEATH: (Month) January (Day) 28 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7.22.33

9. AGE last birthday: 20 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): District of Columbia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Oscar Carter

14. MOTHER'S MAIDEN NAME: Esther Crown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

Immediate cause (a) Intestinal Obstruction — Interval Between Onset And Death: 5 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Carcinoma of Sigmoid with — 6 mos
DUE TO (c) Hepatic Metastasis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Bedridden at Suburban Hosp admitted

19a. DATE OF OPERATION: 0 (Not Done)

19b. MAJOR FINDINGS OF OPERATION: Tumor terminal Ileum

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): 0

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): 0

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: 0

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/4, 1954, to 1/25, 1954, that I last saw the deceased alive on 1/25/1954, and that death occurred at 1:10 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D.

ADDRESS

DATE SIGNED 1/27/54

23. BURIAL, CREMATION, REMOVAL (Specify)

DATE THEREOF 1-

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR 1-28-54

REGISTRAR'S SIGNATURE Gertrude B Lawler

24. FUNERAL DIRECTOR

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 14

1. PLACE OF DEATH: COUNTY MONTG. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN COLESVILLE RFD #2
LENGTH OF STAY (in this place) 1 MO
HOSPITAL OR INSTITUTION OR STREET ADDRESS BOSWELL NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WASHINGTON
STREET ADDRESS (If rural, give location) 1440 LOCUST, RD N.W.

3. NAME OF DECEASED (Type or Print) (First) LUCIUS (Middle) O (Last) CHAPIN
4. DATE OF DEATH (Month) 1 (Day) 28 (Year) 1954
5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH DEC. 14, 1861
9. AGE last birthday 92 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) VERMONT
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME OVETTE CHAPIN
14. MOTHER'S MAIDEN NAME ELLESE BINGHANE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS BOSWELL NURSING HOME RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0 Immediate cause (a) Acute myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis — unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUNE, 1953, to JAN 28, 1954, that I last saw the deceased alive on DEC 28, 1953, and that death occurred at 6:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Benjamin Isaacson, M.D. ADDRESS 7896 Georgia ave. Silver Spring, Md DATE SIGNED 1/28/54

23. BURIAL, CREMATION REMOVAL (Specify) REMOVAL
DATE THEREOF 1-28-1954
NAME OF CEMETERY OR CREMATORY Fort Lincoln
LOCATION (City, town, or county) (State) WASHINGTON D.C.

DATE REC'D BY LOCAL REG. 1-27-54
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR THE S.H. HINES CO. ADDRESS 2401-14th St NW WASHINGTON, D.C.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information fully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (In this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) 111 West Montgomery Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Nora	Williams	CLAGETT	Jan	24	19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	7/14/1883	70 yrs.	6	10		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Nursery School	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Henry Williams	Sally White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
NO	Unknown	John J. Clagett-3233 Grant St. Evanston, Illinois

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemmorhage c Kentucichadvlement	1 weeks.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Essential Hypertension	8 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan 17, 1954, to Jan 24, 1954, that I last saw the deceased alive on Jan 23, 1954, and that death occurred at 7:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
William Frank, M.D.	1014 Vieo Hill Rd. Rockville	25 Jan 54.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/26/1954	Potomac Meth. Church	Potomac Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/27/54	[illegible]	Roberts A. Humphreys	Bethesda, Md.

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BUREAU V. S.

Items 18&22 Film G161 2-1-54 ams
Item 12 Film G 162 3/2[illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

00605

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda | LENGTH OF STAY (In this place) DOA
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 8104 Kerry Lane

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Margaret	Thors	Clarke	1	16	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Female	White	Married	11-5-1927	27 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Housewife		Iceland	Iceland

13. FATHER'S NAME: Thor Thors
14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Lucian Clarke 8104 Kerry Lane Chevy Chase, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Asphyxia due to aspiration of vomitus	Few minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Vomitus due to Ethel alcohol and barbiturate poisoning (suicide)	
(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Home	Chevy Chase	Mont	Md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
1-16-54 2:45 a.m.		Had been drinking and took about 30 seconal capsules.

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection _, Inquiry _ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes _, accident _, suicide X, homicide _, undetermined _.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Bosenhart	M.D.	Gaithersburg Md	1-16-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/18/54	Rock Creek Cemetery	Washington D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/18/54		Joseph Xavier Sons	1756 Pa. Ave. N.W.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

RECEIVED
JAN 20 1954
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Bethesda X
LENGTH OF STAY (in this place) 12 hr. 15 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Mont.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kensington X
STREET ADDRESS (If rural give location) 4301 Glenrose Street

3. NAME OF DECEASED: (Type or Print) (First) Evelyn (Middle) Jacobina (Last) Colpitts

4. DATE OF DEATH: (Month) January (Day) 3 (Year) 1954

5. SEX: Fe

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: March 31 1876

9. AGE last birthday: 77 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Teacher

11. BIRTHPLACE (State or foreign country): New Brunswick, Canada

12. CITIZEN OF WHAT COUNTRY? Canada

13. FATHER'S NAME: Jacob Cox

14. MOTHER'S MAIDEN NAME: Margaret Fraser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Richard J. Cleveland - 4301 Glenrose Kensington Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hemiplegia, right, severe, with aplasia — Interval Between Onset And Death: 3 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Cardio-vascular-renal disease with — 10 yrs +
DUE TO (c) Hypertension, severe — 10 yrs +

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from ..... ,1950., to Jan 3, ., 1954, that I last saw the deceased alive on Jan 3, 1954, and that death occurred at 12 P.M., from the causes and on the date stated above.

SIGNATURE Stewart Blair (Degree or title) M.D. ADDRESS 3921 Ingomar St N.W. DATE SIGNED 1/3/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial-Transit
DATE THEREOF 1-3-54
NAME OF CEMETERY OR CREMATORY Shirley
LOCATION (City, town, or county) (State) Middlesex Co., Mass.

DATE REC'D BY LOCAL REGISTRAR 1/3/54
REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda, Md.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park 17 | LENGTH OF STAY (in this place) 6 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7420 Maple Ave. X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mayo P.O. (Rural)
STREET ADDRESS (If rural give location) (Rural) ✓

3. NAME OF DECEASED: (Type or Print) (First) Rosa (Middle) Luella (Last) Cooper
4. DATE OF DEATH: (Month) Jan. (Day) 11th (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Dec. 26/1875
9. AGE last birthday: 78 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life even if retired: Clerk - (Retired)
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Treasury
11. BIRTHPLACE (State or foreign country): Zanesville, Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Lyle Brookover Mercer
14. MOTHER'S MAIDEN NAME: Sarah Elizabeth Warne

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) None
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Earl W. Cooper - Mayo P.O. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 44 ex (a) Cerebral Hemorrhage — Interval Between Onset And Death: 1 Hr.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Cardio-Vascular Renal Disease — 10 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1948, to Jan. 11, 1954, that I last saw the deceased alive on Dec 23, 1953, and that death occurred at 6:10 AM, from the causes and on the date stated above.
SIGNATURE Harold Neger (Degree or title) MD ADDRESS 1835 Eye St NW DC DATE SIGNED 1/11/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Jan 12/54 | NAME OF CEMETERY OR CREMATORY Greenwood Cemetery | LOCATION (City, town, or county) Zanesville, Ohio (State)
DATE REC'D BY LOCAL REGISTRAR Jan 11-1954 | REGISTRAR'S SIGNATURE J. Nelson Dodd
24. FUNERAL DIRECTOR W W Chambers Co ADDRESS Riverdale Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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1954
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Olney — LENGTH OF STAY (in this place) 8 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Brooke Grove Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kensington
STREET ADDRESS (If rural give location) 3119 Tiger Run Rd.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) F. (Last) Cunningham

4. DATE OF DEATH: (Month) Jan. (Day) 20 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept. 2, 1878

9. AGE last birthday: 75 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Parrott

14. MOTHER'S MAIDEN NAME: Mary Troy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Dorothy [illegible] Kensington

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio-respiratory Failure — Interval Between Onset And Death: 1 wk

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Bronchiectasis — Yes.
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 — 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/20, 1953, to 1/20, 1954, that I last saw the deceased alive on 1/19, 1954, and that death occurred at 8:40 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. — ADDRESS Sandy Spring, Md. — DATE SIGNED 1/20/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 1/22/54 — NAME OF CEMETERY OR CREMATORY: Fort Lincoln — LOCATION (City, town, or county) (State): Bladensburg, Md.

DATE REC'D BY LOCAL REGISTRAR: 1-23-54 — REGISTRAR'S SIGNATURE: Gertrude B Fowler

24. FUNERAL DIRECTOR: Francis J Collins — ADDRESS: 3821-14th St. N.W. Wash D.C.

Francis Potter
Silver Spring

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JAN 23 1974
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda X
LENGTH OF STAY (in this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville 26
STREET ADDRESS (If rural give location) 226 Washington Ave.

3. NAME OF DECEASED: (Type or Print) (First) Mildred (Middle) — (Last) Curtis

4. DATE OF DEATH: (Month) Jan. (Day) 27 (Year) 1954

5. SEX: Fe
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Aug. 31, 1901
9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: Various Homes
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Curtis
14. MOTHER'S MAIDEN NAME: Eliza Hardy

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Virginia McKenney - 14 Ritchie Ave Silver Spring Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.1
(a) Massive Pulmonary Infarction — Interval Between Onset And Death: 2 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Mural thrombi, right & left ventricles — 5 days (2)

DUE TO

(c) Thrombosis, left descending coronary Artery — 7 days (2)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Congestive heart failure — 7 days C

19a. DATE OF OPERATION: X
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 Jan., 1954, to 26 Jan., 1954, that I last saw the deceased alive on 26 Jan., 1954, and that death occurred at 6.40 A.M., from the causes and on the date stated above.

SIGNATURE Fitch (Degree or title) M.D. ADDRESS Suburban Hospital Bethesda, Md. DATE SIGNED 2 Jan 54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 1/30/54 NAME OF CEMETERY OR CREMATORY Fisherman LOCATION (City, town, or county) Lincoln Park (Rockville) Montg. (State) Md

DATE REC'D BY LOCAL REGISTRAR 2/1/54 REGISTRAR'S SIGNATURE Bessie Mc Thompson
24. FUNERAL DIRECTOR B. L. Snowden ADDRESS Rockville Md

RECEIVED

BUREAU V. S.

Film#G160 Item# 8,9, 13 1/12/54 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

COUNTY [illegible] MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda rural X

LENGTH OF STAY (in this place): 1 Day

HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: District Columbia COUNTY

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Washington

STREET ADDRESS (If rural give location): 2 01 24th. Street, N.E.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) D[illegible]ld (Last) D'Andelet

4. DATE OF DEATH: (Month) January (Day) (Year) 19[illegible]

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: November 27, 1893

9. AGE last birthday: 60 yrs.

IF UNDER 1 YEAR: Months 1 Days

IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Marine

10b. KIND OF BUSINESS OR INDUSTRY: USMC Retired

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jerome D'Andelet

14. MOTHER'S MAIDEN NAME: Susen Luberta

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes. (If Yes, give war or dates of service) WWI

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: WIFE: Katherine E. D'Andelet Same as #2 above

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Infarction, myocardium — Interval Between Onset And Death: 10 Hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Heart Disease — 10 years

DUE TO

260 X (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 2, 1954, to Jan. 3, 1954, that I last saw the deceased alive on Jan. 3, 1954, and that death occurred at 9:35 AM, from the causes and on the date stated above.

SIGNATURE: H. H. Sparks (Degree or title) ADDRESS: U.S.Naval Hospital, NNMC, Bethesda, Maryland DATE SIGNED: January 4, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) [illegible]

DATE THEREOF: January 5, 1954

NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery

LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: January [illegible], 1954

REGISTRAR'S SIGNATURE: Mary E. Garrelly

24. FUNERAL DIRECTOR ADDRESS: S. H. Hines, Funeral Home, [illegible] N.W., Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S.

0508

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7709 Takoma Ave X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 7709 Takoma Ave

3. NAME OF DECEASED (Type or Print) (First) Marion (Middle) Martin (Last) Davis

4. DATE OF DEATH (Month) Jan (Day) 19 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced
8. DATE OF BIRTH 8-9-1910
9. AGE last birthday 43 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
10b. KIND OF BUSINESS OR INDUSTRY Retail
11. BIRTHPLACE (State or foreign country) Indianapolis, Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Everett Davis
14. MOTHER'S MAIDEN NAME Eva Stafford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 087-01-0863
17. INFORMANT AND ADDRESS Everett Davis, Cincinnati, Ohio

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

9764 Immediate cause (a) Cerebral hemorrhage & laceration — INTERVAL BETWEEN ONSET AND DEATH: sudden death

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) due to bullet wound in skull

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. ☒
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home
(CITY OR TOWN) Takoma Park (COUNTY) Montg (STATE) Md
TIME OF INJURY (Month) 1-19-54 (Day) (Year) (Hour) 9 A m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? self inflected bullet wound

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) MD. ADDRESS Gaithersburg Md DATE SIGNED 1-19-54

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF Jan 21, 1954
NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory
LOCATION (City, town, or county) Prince George County (State) Md

DATE REC'D BY LOCAL REG. Jan. 21-1954
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR Arthur Walters, 254 Carroll St. NW. Takoma Park, D.C.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olney
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS MONTGOMERY CO. GEN'L HOSPITAL, INC.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dickerson
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Elizabeth (Last) Day
4. DATE OF DEATH: (Month) Jan (Day) 4 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 11.16.81
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Abraham Prophet
14. MOTHER'S MAIDEN NAME: Sarah Catherine Dillinger
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 9
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Hospital Records.

1555 X

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Coronary Occlusion	30 min.
DUE TO		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Arterio-sclerosis + Hypertension	5 years
DUE TO		
	(c) acute cholecystitis	3 days

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION: ✓ C
19b. MAJOR FINDINGS OF OPERATION ✓
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓
(CITY OR TOWN) ✓ (COUNTY) ✓ (STATE) ✓
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from 2/11, 1950, to 1/4/, 1954, that I last saw the deceased alive on 1/4/, 1954 and that death occurred at 8:17 p.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) JMB M.D. ADDRESS Sandy Spring DATE SIGNED 1/5/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1/7/54
NAME OF CEMETERY OR CREMATORY Monocacy
LOCATION (City, town, or county) Beallsville, Md (State)
DATE REC'D BY LOCAL REGISTRAR 1/6/54
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR William B. Hillary ADDRESS Barnesville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville
STREET ADDRESS (If rural give location) 4509 Aspen Hill Road

3. NAME OF DECEASED: (Type or Print) (First) Lea (Middle) Lorraine (Last) DeMulder
4. DATE OF DEATH: (Month) Jan. (Day) 31 (Year) 19 54
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Jan. 24th 1954
9. AGE Last birthday: yrs. IF UNDER 1 YEAR Months 4 Days; IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Leon E. DeMulder
14. MOTHER'S MAIDEN NAME: Mary E. Barth
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY No:
17. INFORMANT & ADDRESS: Mr. Leon E. DeMulder, 4509 Aspen Hill Rd. Rockville, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) CONGESTIVE HEART FAILURE	4 1/2 Days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) CONGENITAL DEFECT OF INTRAVENTRICULAR SEPTUM DUE TO	4 Days
	AND CONGENITAL DEFECTS OF GREAT VESSELS	4 1/2 Days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... ,19..... , to ..... , 19..... , that I last saw the deceased alive on 31 Jan. 1954, and that death occurred at 8:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
L. Marshall Leavitt M.D. 1407 Woodside Pkwy Silver Spring, Md. Feb. 5 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2/2/54
NAME OF CEMETERY OR CREMATORY Parklawn Cemetery
LOCATION (City, town, or county) (State) Montgomery County, Md.

DATE REC'D BY LOCAL REGISTRAR 2/4/54
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Warner E. Pumphrey
ADDRESS 8434 Georgia Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 8
BUREAU

0648

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) DOA
HOSPITAL OR INSTITUTION OR STREET ADDRESS Woodmore Shopping Center

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location) 1016 7th St. Laurel Md

3. NAME OF DECEASED (Type or Print) (First) Wilson (Middle) E (Last) De Haven
4. DATE OF DEATH (Month) Jan (Day) 9 (Year) 1954
5. SEX Male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 4-6-24
9. AGE last birthday 29 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Cumberland, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Hillery De Haven
14. MOTHER'S MAIDEN NAME Lilly Kenney
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mr. Michael J. Reidy, 718 Richmond Ave. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxia due to carbon monoxide 973.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) poisoning (c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead in auto

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hose extending from exhaust thru rear window of auto

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Parking lot
(CITY OR TOWN) Silver Spring (COUNTY) Monty (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Brosehart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 1-9-54

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 1/9/54
NAME OF CEMETERY OR CREMATORY J. Arthur Walters Funeral Home, Washington, D. C.
LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. 1-11-54
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Warren E. Pumphrey ADDRESS 8434 Georgia Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
V. S.

0649 Film#G161 Item# 14 2/17/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

01698

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place) 2 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS MONTGOMERY COUNTY GENERAL HOSPITAL OLNEY, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) Rt. 3, Box 152

3. NAME OF DECEASED (Type or Print) (First) Joy (Middle) (Last) Dishman

4. DATE OF DEATH (Month) January (Day) 8 (Year) 1954

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH May 24, 1906
9. AGE last birthday 47 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) District of Columbia
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Thomas Wallace
14. MOTHER'S MAIDEN NAME Nellie Wye

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause 4201 (a) Coronary occlusion — 2 1/2 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.I. ADDRESS Gaithersburg Md DATE SIGNED 1-8-54

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 1/10/54 NAME OF CEMETERY OR CREMATORY Ash Memorial LOCATION (City, town, or county) Sandy Spring (State) Md.

DATE REC'D BY LOCAL REG. 1-10-54 REGISTRAR'S SIGNATURE Gertrude B Lawler 24. FUNERAL DIRECTOR R. L. Snowden, Rockville, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
BUREAU V. S.

0650

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 216

1. PLACE OF DEATH:

COUNTY Montgomery MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda

LENGTH OF STAY (in this place) 21 2 hrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Monty

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Germantown (rural)

STREET ADDRESS (If rural, give location) R 4 D #2

3. NAME OF DECEASED: (Type or Print) (First) Douglas (Middle) (Last) Driver

4. DATE OF DEATH (Month) Jan (Day) 16 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1-28-1947

9. AGE last birthday: 6

IF UNDER 1 YEAR: Months | Days

IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): school

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Walter Driver

14. MOTHER'S MAIDEN NAME: Meloise Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Hosp record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

812X

Immediate cause (a) Cerebral hemorrhage

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Comminuted fracture of skull

DUE TO

(c) Struck by car while sledding

INTERVAL BETWEEN ONSET AND DEATH: 22 hrs

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: c

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ **or CONTRIBUTING** ☐ **CAUSE OF DEATH.**

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) highway

21c. (City or town) Germantown (County) Monty (State) Md

21d. TIME OF INJURY (Month) 1-15-54 (Day) (Year) (Hour) 1548 A.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? struck by car while sledding

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J Brosthart

M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 1-16-54

23. BURIAL, CREMATION, REMOVAL (Specify):

DATE THEREOF 1/19/54

NAME OF CEMETERY OR CREMATORY Church Cemetery

LOCATION (City, town, or county) Seneca, Monty (State) Md

DATE REC'D BY LOCAL REG. 1/19/54

REGISTRAR'S SIGNATURE [illegible] Thompson

24. FUNERAL DIRECTOR R. L. Snowden, Rockville, Md. ADDRESS

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 212

1. PLACE OF DEATH: COUNTY Montg MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boyds
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boyds
STREET ADDRESS (If rural give location) Route - 2

3. NAME OF DECEASED: (Type or Print) (First) Arthur (Middle) Chester (Last) Huffin
4. DATE OF DEATH: (Month) Jan (Day) 14 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Aug-3-1896
9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Watchman
10b. KIND OF BUSINESS OR INDUSTRY: B.P.C. R.R.
11. BIRTHPLACE (State or foreign country): Boyds, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Nathan T. Huffin
14. MOTHER'S MAIDEN NAME: Lina Harper
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 705-07-7635
17. INFORMANT & ADDRESS: H Beatrice Huffin, Boyds, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of prostate + kidney — Interval Between Onset And Death 1 year

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: July - 1953
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of prostate + kidney
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July - 1953 to Jan - 14 - 1953 that I last saw the deceased alive on Jan - 12 - 1954, and that death occurred at 4 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) William C Miller, M.D. ADDRESS 7 - Brookline, Gaithersburg Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 1/17/54 NAME OF CEMETERY OR CREMATORY St Marks LOCATION (City, town, or county) Boyds, Md (State)

DATE REC'D BY LOCAL REGISTRAR Jan 17, 1954 REGISTRAR'S SIGNATURE Charles W. Elgin
24. FUNERAL DIRECTOR Robert L. Snowden ADDRESS Rockville, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JAN 20 1934
BUREAU V. S.

0652

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the names of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 211

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Damascus
LENGTH OF STAY (In this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. Gaithersburg

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Damascus
STREET ADDRESS (If rural, give location) R.F.D. Gaithersburg

3. NAME OF DECEASED (Type or Print) (First) Leslie (Middle) Bryant (Last) Duvall

4. DATE OF DEATH (Month) Jan (Day) 29 (Year) 1954

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH June 30-1904

9. AGE last birthday 49 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber & Bricklayer-Construction Work

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Montgomery Co. Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Jefferson Duvall

14. MOTHER'S MAIDEN NAME Florence Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-18-8690

17. INFORMANT AND ADDRESS Mrs Lillian A. Duvall, 105-4th St. NE Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead at home

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Bronhart M.D. ADDRESS Gaithersburg Md DATE SIGNED 1-29-54

23. BURIAL CREMATION REMOVAL (Specify) Burial

DATE THEREOF Jan. 30, 1954

NAME OF CEMETERY OR CREMATORY Damascus

LOCATION (City, town, or county) (State) Damascus, Maryland.

DATE REC'D BY LOCAL REG. Jan. 30 1954

REGISTRAR'S SIGNATURE Della W. Burdette

24. FUNERAL DIRECTOR ADDRESS Olin L. Molesworth, Damascus, Md.

Film#G160 Item# 13,14 1/26/54 emf

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2-16

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland. COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring X
STREET ADDRESS (If rural give location) 213 Williamsburg Drive

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) A. (Last) Eckel

4. DATE OF DEATH: (Month) Jan (Day) 16 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Sept 25, 1883
9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Machinist
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph A. Eckel
14. MOTHER'S MAIDEN NAME: Lillian Breitiveiser

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Beatrice Riegel daughter. 213 Williamsburg Dr. Silver Spring Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 443X (a) Cerebral Vascular Accident (Hemorrhage) — Interval Between Onset And Death: 3 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive Cardiovascular Disease — —

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1953, to Jan, 1954, that I last saw the deceased alive on Jan 16, 1954, and that death occurred at 4:20 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Bernard A. Fitzgerald MD
ADDRESS 9620 Old Bladensburg Rd. S.S. Md.
DATE SIGNED 1/16/54

23. BURIAL, CREMATION, REMOVAL (Specify)
DATE THEREOF 1-17-54
NAME OF CEMETERY OR CREMATORY Buffalo, N.Y.
LOCATION (City, town, or county) Buffalo New York (State)

DATE REC'D BY LOCAL REGISTRAR 1/18/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Thomas P. Hanlon
ADDRESS 3831 Ga Ave NW

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 20 1954
BUREAU V. S.

0589

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 55 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville 16-15
STREET ADDRESS (If rural give location) 4103 Underwood St.

3. NAME OF DECEASED: (Type or Print) (First) Alvina (Middle) Wilhelminia (Last) Feige
4. DATE OF DEATH: (Month) 1 (Day) 8 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH: 1-21-91
9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Wash. D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Fred Schultze
14. MOTHER'S MAIDEN NAME: Lena (unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) N.
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 443X (a) Congestive Heart Failure DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive Cardiovascular Disease DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Adenoma of thyroid, right

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1953, to Jan., 1954, that I last saw the deceased alive on Jan 7, 1954, and that death occurred at 2:55 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Bernard A. Fitzgerald MD ADDRESS 9620 Old Bladensburg Rd Silver Spring Md DATE SIGNED 1/8/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Jan. 11-1954 NAME OF CEMETERY OR CREMATORY Prospect Hill Cem. LOCATION (City, town, or county) Washington (State) D.C.
DATE REC'D BY LOCAL REGISTRAR Jan. 7th 1954 REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR The S H Hines Co ADDRESS 2901-14 Wash D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville
STREET ADDRESS (If rural give location) Halton Woods

3. NAME OF DECEASED: (Type or Print) (First) Dorsey (Middle) Gassaway (Last) Fisher
4. DATE OF DEATH: (Month) Jan. (Day) 12 (Year) 1954
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Feb. 12 1907
9. AGE last birthday: 46 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY: State Dept
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Ronald Earl Fisher
14. MOTHER'S MAIDEN NAME: Ellen Brewer Gassaway
15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Anterior Myocardial Infarction — Interval Between Onset And Death: 48 hours.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Rupture left ventricle Chemopericardium — 24 hrs

DUE TO (c) Atherosclerosis coronary — 2 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/11, 1954, to 1/12, 1954, that I last saw the deceased alive on 1/11, 1954, and that death occurred at 7:30 A.M. from the causes and on the date stated above.

SIGNATURE Alfred S. Norton (Degree or title) M.D. ADDRESS Bethesda Md. DATE SIGNED 1/12/54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 1/14/1954 NAME OF CEMETERY OR CREMATORY St. Anns Cemetery LOCATION (City, town, or county) Annapolis Md (State)

DATE REC'D BY LOCAL REGISTRAR 1/13/54 REGISTRAR'S SIGNATURE Bessie Mc Thompson
24. FUNERAL DIRECTOR Joseph Lawler Son 1756 Pa ave N.W. Wash DC ADDRESS

RECEIVED

BUREAU V. S.

-0655

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 704 Hankin Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 704 Hankin Street

3. NAME OF DECEASED (Type or Print) (First) Emma (Middle) (Last) Fisher

4. DATE OF DEATH (Month) Jan. (Day) 22 (Year) 1954

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single

8. DATE OF BIRTH 3/15/64

9. AGE last birthday 89 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Never worked (Seamstress)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Henry Fisher

14. MOTHER'S MAIDEN NAME Regina Fisher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT AND ADDRESS Mrs. Anna Vierling, 704 Hankin St. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

782.4 Immediate cause (a) Acute Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH 2 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Found dead in bed

19a. DATE OF OPERATION 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT, ACCIDENT CAUSE WAS CONTRIBUTING TO DEATH — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above held on Autopsy, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find the said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident, suicide, homicide, undetermined

SIGNATURE (Degree or title) Emil J. Broschart M.D. ADDRESS Gaithersburg Md DATE SIGNED 1-22-54

DISPOSITION Burial DATE THEREOF Jan. 25, 1954 NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery LOCATION (City, town, or county) Prince George County, Md.

REGISTRAR'S SIGNATURE Frances Po

24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS 8434 Georgia Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

UNFADING INK. Supply every item of information carefully. ... important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

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2

I

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 38 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center National Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Keokee
STREET ADDRESS (If rural, give location) --

3. NAME OF DECEASED (Type or Print) (First) Hubert (Middle) (Last) Flanary

4. DATE OF DEATH (Month) Jan. (Day) 7 (Year) 1954

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Feb. 11, 1920

9. AGE last birthday 33 yrs. If under 1 year: Months -- Days -- If under 24 hrs.: Hours -- Min. --

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner

10b. KIND OF BUSINESS OR INDUSTRY --

11. BIRTHPLACE (State or foreign country) Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Elbert Flanary

14. MOTHER'S MAIDEN NAME Bessie Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) --

16. SOCIAL SECURITY NO. 223-12-6-66

17. INFORMANT AND ADDRESS medical record - The Clinical Center

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute cardiac failure (during operation for mitral valvulotomy)

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Mitral calcification, stenosis and insufficiency

(c) Pleural and pericardial fibrosis, adhesive

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Congestion of lungs, severe

19a. DATE OF OPERATION Jan. 7, 1954

19b. MAJOR FINDINGS OF OPERATION Mitral stenosis and insufficiency

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) --

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) --

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) -- m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? --

22. I hereby certify that I attended the deceased from Dec. 1, 1953, to Ja. 7, 1954 that I last saw the deceased alive on Jan. 7, 1954, and that death occurred at 12:19 p.m., from the causes and on the date stated above.

SIGNATURE Thomas N.P. Johnson (Degree or title) ADDRESS National Institutes of Health, Bethesda, Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial-Transit

DATE 1-7-54

NAME OF CEMETERY OR CREMATORY Edens Cemetery

LOCATION (City, town, or county) Lee County, Virginia (State) Ky 7, 1954

DATE REC'D BY LOCAL REG. 1/9/54

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

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JUL 11 1934
BUREAU V. S.

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda X
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban Hospt. 20

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) EDITH (Middle) E. (Last) FLING

4. DATE OF DEATH: (Month) Jan. (Day) 31, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3-22-98

9. AGE Last birthday: 55 yrs. — If under 1 year: Months 10 | Days 9 | Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Rodney Gray

14. MOTHER'S MAIDEN NAME: Ida Stipes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If year, give war or dates of service):

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Wm. A. Fling- Item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

Immediate cause (a) Coronary occlusion (Possible thrombus) — Interval between onset and death: none

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Post operative Resection of Sigmoid for CA — 8 days

(c) CA Sigmoid — 2 mons

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct ..., 19 52, to 31 Jan, 19 54 that I last saw the deceased alive on 30 Jan., 19 54, and that death occurred at 10 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): W. Manifley MD — ADDRESS: Rockville Md — DATE SIGNED: 1 Feb 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 2-3-54

NAME OF CEMETERY OR CREMATORY: Forest Oak

LOCATION (City, town, or county) (State): Gaithersburg, Md.

DATE REC'D BY LOCAL REG. 2/2/54

REGISTRAR'S SIGNATURE: Bessie M. Thompson

24. FUNERAL DIRECTOR: Robert C. Humphrey — ADDRESS: Bethesda, Md.

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY [illegible] MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) [illegible]
LENGTH OF STAY (in this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital 50

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Alexandria
STREET ADDRESS (If rural give location) 403 Jefferson Street

3. NAME OF DECEASED: (Type or Print) (First) [illegible] (Middle) [illegible] (Last) A. Folsom

4. DATE OF DEATH: (Month) (Day) (Year) January [illegible] 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single.
8. DATE OF BIRTH: January 3 1954
9. AGE last birthday: [illegible] yrs. IF UNDER 1 YEAR Months [illegible] Days [illegible] IF UNDER 24 HRS. Hours [illegible] Min. [illegible]

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Bethesda, Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Samuel B. Folsom
14. MOTHER'S MAIDEN NAME: Barbara Cole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Father: Samuel B. Folsom Same as [illegible] above.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776 X

Immediate cause (a) Prematurity DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 3, 1954, to Jan. 3, 1954, that I last saw the deceased alive on Jan. 3, 1954, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

SIGNATURE D. B. Pascoe (Degree or title) ADDRESS DATE SIGNED
D. B. PASCOE, LT MC USN, U.S. Naval Hospital, NNMC, Bethesda, Maryland January 4, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) [illegible]
DATE THEREOF January 6, 1954
NAME OF CEMETERY OR CREMATORY Cedar Hill Crematorium
LOCATION (City, town, or county) (State) Prince Georges Maryland

DATE REC'D BY LOCAL REGISTRAR [illegible] 1954
REGISTRAR'S SIGNATURE Mary E. Farrelly
24. FUNERAL DIRECTOR R.A. Pumphrey Funeral [illegible] ADDRESS [illegible] Avenue, Bethesda, Maryland.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

1. PLACE OF DEATH:

COUNTY [illegible] MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): [illegible]

LENGTH OF STAY (in this place): Hours 1 Min.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Virginia COUNTY

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Alexandria

STREET ADDRESS (If rural give location): [illegible] Jefferson Street

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Girl (Last) "B" FOLSOM

4. DATE OF DEATH: (Month) January (Day) [illegible] (Year) 19[illegible]

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: January 3, 1954

9. AGE last birthday: 0 yrs. IF UNDER 1 YEAR: Months 0 Days 0 IF UNDER 24 HRS.: Hours 2 Min. 1

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Bethesda, Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Samuel B. Folsom

14. MOTHER'S MAIDEN NAME: Barbara Cole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Father: Samuel B. Folsom Same as #2 above.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776 X

Immediate cause (a) Prematurity DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 3, 1954, to Jan. 3, 1954, that I last saw the deceased alive on Jan. 3, 1954, and that death occurred at 1:[illegible], from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

D. J. [illegible], [illegible] USN, U.S. Naval Hospital, NNMC, Bethesda, Maryland January [illegible], 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation

DATE THEREOF: January 6, 1954

NAME OF CEMETERY OR CREMATORY: Cedar Hill Crematorium

LOCATION (City, town, or county) (State): Prince Georges Maryland

DATE REC'D BY LOCAL REGISTRAR: January 4 1954

REGISTRAR'S SIGNATURE: Mary C. Farrell

24. FUNERAL DIRECTOR ADDRESS: R.A. PUMPHREY Funeral [illegible], [illegible]57 Wisconsin Avenue, Bethesda, Maryland.

BUREAU V. S.

-066-

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney, Maryland
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS MONTGOMERY CO. GEN'L HOSPITAL, INC.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
STREET ADDRESS (If rural, give location) Rt. # 1.

3. NAME OF DECEASED: (Type or Print) (First) Clarence (Middle) Maryland (Last) FRAZIER

4. DATE OF DEATH: (Month) January (Day) 1 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 24, 1879

9. AGE last birthday: 74 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Amelia Frazier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service) NG

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Chronic Myocarditis — Interval Between Onset And Death: 6 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — Unknown
DUE TO (c)

420.0

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Emphysema. Diabetes - Prostatitis.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July ..., 1949, to Jan. 1, 1954, that I last saw the deceased alive on Dec. 31, 1953, and that death occurred at 9:20 am, from the causes and on the date stated above.

SIGNATURE (Degree or title) Jack Schumacher M.D. — ADDRESS Gaithersburg, Md. — DATE SIGNED Jan. 1, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 1/4/54 — NAME OF CEMETERY OR CREMATORY Brooke Grove — LOCATION (City, town, or county) (State) Laytonsville, Md.

DATE REC'D BY LOCAL REGISTRAR 1-4-54 — REGISTRAR'S SIGNATURE Gertrude B Lawler — 24. FUNERAL DIRECTOR Robert L. Snowden - Rockville, Md. — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
MAY 1 1924
BUREAU V. S.

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; MARYLAND; LENGTH OF STAY (in this place) 17 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center National Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D. C.; STREET ADDRESS (If rural, give location) 5016 - 16th St. N.W.

3. NAME OF DECEASED (Type or Print): (First) Clarence Lee; (Middle); (Last) Furr

4. DATE OF DEATH (Month) (Day) (Year): Jan. 23, 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April , 1886

9. AGE last birthday: 67 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John H. Furr

14. MOTHER'S MAIDEN NAME: Frances Dellinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service): --

16. SOCIAL SECURITY NO.: 573-09-6067

17. INFORMANT AND ADDRESS: The medical record - The Clinical Center

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154X Immediate cause (a) Metastatic Carcinoma of Rectum involving Urinary Bladder, Lungs, bone, mesenteric and mediastinal lymph nodes

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Rectum

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Prev. adm. Sept. 1953

19b. MAJOR FINDINGS OF OPERATION: Peritoneal metastases

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) –; PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY –; (CITY OR TOWN) –; (COUNTY) –; (STATE) –

TIME OF INJURY (Month) (Day) (Year) (Hour) – – – m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR? – – –

22. I hereby certify that I attended the deceased from Jan. 6, 1954, to Jan. 23 1954, that I last saw the deceased alive on Jan. 23, 1954, and that death occurred at 5:20 p.m. m., from the causes and on the date stated above.

SIGNATURE James J. Holland (Degree or title) SA Surg USPHS ADDRESS The Clinical Center, National Institutes of Health DATE SIGNED Jan. 25 1954

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE 1/26/54 | NAME OF CEMETERY OR CREMATORY Cedar Hill Cem. | LOCATION (City, town, or county) Washington, D. C. (State)

DATE REC'D BY LOCAL REG. 1/25/54 | REGISTRAR'S SIGNATURE Bessie M. Thompson | 24. FUNERAL DIRECTOR Deal Funeral Home ADDRESS 4612 Hamlin N.W. Washington, D.C.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8404 Broadmoor Blvd. X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 8404 Broadmoor Blvd.

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) NORMAN (Last) GADOL

4. DATE OF DEATH (Month) Jan. (Day) 17, (Year) 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	4-14-18	35 yrs.	9	3		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Physician
10b. KIND OF BUSINESS OR INDUSTRY: Self Emp.
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Pierre L. Gadol
14. MOTHER'S MAIDEN NAME: Eleanor Burchell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Martha I. Gadol- Item 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

4201
Immediate cause (a) Coronary occlusion — Interval between onset and death: 5 min.
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Broshart M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 1-18-54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-21-54	Arlington National	Arlington, Virginia

DATE REC'D BY LOCAL REG. 1/18/54
REGISTRAR'S SIGNATURE Jessie M Thompson
24. FUNERAL DIRECTOR Robert Humphrey
ADDRESS Bethesda, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

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JAN [illegible] 1934
BUREAU V. S.

0600

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY: Montgomery — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Takoma Park

LENGTH OF STAY (in this place): —

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cedar Haven Rest Home, 7300 Baltimore Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Montg.

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Silver Spring

STREET ADDRESS (If rural give location): 111 Hamilton Avenue

3. NAME OF DECEASED (Type or Print): (First) TRUMAN (Middle) GRANT (Last) GARDNER

4. DATE OF DEATH: (Month) January (Day) 30 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Jan. 27, 1869

9. AGE last birthday: 85 yrs. — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Editor - Newspaper, High School Principal

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David R. Gardner

14. MOTHER'S MAIDEN NAME: Mary E. Warner

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.): no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Allen H. Gardner, 1515 Dale Drive, S. S., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Cerebral thrombosis — Interval Between Onset And Death: Few hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Previous cerebral thromboses — Few months

DUE TO (c) Carcinoma of prostate — 2½ years

(b) Mitral stenosis + arteriosclerosis — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 1957, to 30 Jan., 1954, that I last saw the deceased alive on 30 Jan, 1954, and that death occurred at 2 15 p.M. from the causes and on the date stated above.

SIGNATURE (Degree or title): Richard B Castell M D — ADDRESS: Mayflower Hotel D.C. — DATE SIGNED: 30 Jan 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — **DATE THEREOF:** 2/2/54 — **NAME OF CEMETERY OR CREMATORY:** Cedar Hill Cemetery — **LOCATION** (City, town, or county) (State): Prince George County, Md.

DATE REC'D BY LOCAL REGISTRAR: Feb. 4 1954 — **REGISTRAR'S SIGNATURE:** J. Milton Dodd

24. FUNERAL DIRECTOR: Hamner E Humphrey — **ADDRESS:** 8424 Georgia Ave, Silver Spring, Md.

BUREAU V. S.

0633

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21W

1 PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Poolesville X; LENGTH OF STAY (in this place) 25 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY M; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Poolesville RFD X; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Era	Howard	Gilliam	Jan	22	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Sept-2-1877	76 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country).	12. CITIZEN OF WHAT COUNTRY?
Retired Farm Owner		Virginia	U S

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John E Gilliam	Moody Wooline

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	None	Mrs May Gilliam - Poolesville RFD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death
420X Immediate cause	(a) Coronary Occlusion	24 Hours
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Arteriosclerosis Generalized	10 years
	DUE TO (c) Hypertensive cardiovascular disease	5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURED While at Work ☐	Not While At Work ☐	HOW DID INJURY OCCUR?
			m.			

22. I hereby certify that I attended the deceased from Jan ..., 1954, to 22 Jan, 1954, that I last saw the deceased alive on 21 Jan, 1954, and that death occurred at 1 A.M., from the causes and on the date stated above.

SIGNATURE Jno L Jones (Degree or title) M.D. ADDRESS Barnesville Md DATE SIGNED 27 January 54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	1/24/54	Monocacy	Poolesville	Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 23 54	Emma V. Eaton Asst	William B Hilton	Barnesville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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0630

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park, Md. LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Jan + Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland New Jersey COUNTY Camden Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park, Md. Camden 61
STREET ADDRESS (If rural, give location) 16714 Conway Ave. 1462 Bellview Ave.

3. NAME OF DECEASED (Type or Print) (First) Jennie (Middle) (Last) Gondolff

4. DATE OF DEATH (Month) 1 (Day) 27 (Year) 1954

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH 10-30-67

9. AGE last birthday 86 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Benjamin Jones

14. MOTHER'S MAIDEN NAME Ptd/Lt Calloway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of [illegible])

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Donald Talmadge Gondolff (Grandson) Talmage Gandolf

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Hypostatic bronchopneumonia, bilateral, upper & lower lobes — ? days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis, generalized severe with — years

(c) Coronary sclerosis, left coronary, severe — "

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diverticulitis + diverticulosis, descending colon — "

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/5, 1954, to 1-27, 1954, that I last saw the deceased alive on 1/27, 1954, and that death occurred at 1 2-? m., from the causes and on the date stated above.

SIGNATURE Dean H. Harding MD. (Degree or title) ADDRESS 113 Carroll St NW, Wash 12, DC DATE SIGNED 1/27/54

23. BURIAL, CREMATION REMOVAL (Specify) ~~Remo~~ Burial DATE Jan 31, 1954 NAME OF CEMETERY OR CREMATORY Harleigh Cem. LOCATION (City, town, or county) Camden, N.J. (State)

DATE REC'D BY LOCAL REG. 1-28-54 REGISTRAR'S SIGNATURE J. Fabian Dodd

24. FUNERAL DIRECTOR Lee Funeral Home, ADDRESS 300-4th St NE Washington, D.C.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:

COUNTY Montgomery MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring Md. X

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MD. COUNTY Mont.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Silver Spring

STREET ADDRESS (If rural give location) 407 Southampton Dr.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) (Last) Goodwin

4. DATE OF DEATH: (Month) Jan (Day) 27 (Year) 1954

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH: SEPT-4-1888

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: RETIRED

11. BIRTHPLACE (State or foreign country): EAST LIVERPOOL OHIO

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: HENRY SMITH GOODWIN

14. MOTHER'S MAIDEN NAME: VIOLA WEBBER.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: RICHARD SMITH GOODWIN

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 420.1 (a) Coronary Thrombosis — Interval Between Onset And Death: 1 day

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arterial Hypertension Undetermined

DUE TO

(c) Chronic Myocarditis c̄ Undetermined Cardiac decompensation

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 15, 1953, to Jan 27, 1954, that I last saw the deceased alive on Jan 21, 1954, and that death occurred at 7:30 AM, from the causes and on the date stated above.

SIGNATURE: Jerry L. Ball (Degree or title) MD ADDRESS: 7835 Eastern Ave DATE SIGNED: Silver Spring, Md Jan 27 1954

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF: 1/30/54 NAME OF CEMETERY OR CREMATORY: Rock Creek Cemetery LOCATION (City, town, or county) (State): Washington DC

DATE REC'D BY LOCAL REGISTRAR: Jan 27, 1954 REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: S. H. Hines Co. ADDRESS: 2401 14 St. N.W.

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (In this place) 28 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium + Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Silver Springs
STREET ADDRESS (If rural, give location) 8503 Sundale Drive

3. NAME OF DECEASED (Type or Print) (First) Lena (Middle) (none) (Last) Gotts

4. DATE OF DEATH (Month) 1 (Day) 17 (Year) 1954

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH 12-9-81
9. AGE last birthday 72 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY House wife
11. BIRTHPLACE (State or foreign country) Lithuania
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Julius Levine (unknown)
14. MOTHER'S MAIDEN NAME (unknown) Rachel Levine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 30 hrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension, essential — Years

(c) Arteriosclerosis, generalized. — Years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 16, 1954, to Jan 17, 1954, that I last saw the deceased alive on Jan 17, 1954, and that death occurred at 2.50 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Sydney Leventhal, M.D. ADDRESS 8248 Georgia Ave., Silver Spring, Md. DATE SIGNED Jan 17, 1954

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Jan. 19, 1954
NAME OF CEMETERY OR CREMATORY Rodef Sholom Cemetery
LOCATION (City, town, or county) (State) Pleasantville, N.J.

DATE REC'D BY LOCAL REG. Jan. 17-1954
REGISTRAR'S SIGNATURE J. Wm. Dodd
24. FUNERAL DIRECTOR B. Lanzansky & Son - Wash. D.C. ADDRESS 3501-14 St NW

MARGIN RESERVED FOR BINDING

1

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY [illegible] MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda rural X
LENGTH OF STAY (in this place): [illegible] Months [illegible] Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: US.Naval Hospital 50

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE [illegible] COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Arlington 8[illegible]
STREET ADDRESS (If rural give location): 3607 North Pershing Drive ✓

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) Steen (Last) Goulett

4. DATE OF DEATH: (Month) January (Day) 17 (Year) 19 54

5. SEX: [illegible]
6. COLOR OR RACE: [illegible]
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible]
8. DATE OF BIRTH: November [illegible]
9. AGE last birthday: [illegible] yrs. If under 1 year: Months | Days; If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): [illegible]
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Ole C. Steen
14. MOTHER'S MAIDEN NAME: Susan Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) [illegible] (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Husband: [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1964

Immediate cause (a) Bronchopneumonia — Interval Between Onset And Death: 1 week

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma, transitional cell — 10 mo.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to Jan. [illegible], 19[illegible]54 that I last saw the deceased alive on [illegible], 19 54, and that death occurred at [illegible], from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible], CDR [illegible], U.S. [illegible], Bethesda, [illegible]

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: January 20, 1954
NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery
LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: [illegible]
REGISTRAR'S SIGNATURE: Mary C. Farrelly
24. FUNERAL DIRECTOR: Ives Funeral [illegible], [illegible] Arlington, Virginia.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S.

0603

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Mont.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
STREET ADDRESS (If rural give location) 1616 Drexel Street

3. NAME OF DECEASED: (Type or Print) (First) Gertrude (Middle) (none) (Last) Gross
4. DATE OF DEATH: (Month) Jan. (Day) 23 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 12/2/81
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): --
10b. KIND OF BUSINESS OR INDUSTRY: --
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Abraham Gilman
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
334X
Immediate cause (a) Complete heart block with Convulsions
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cerebral arteriosclerosis
DUE TO
(c)

Interval Between Onset And Death: 12 wks

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/12, 1954, to 1/23, 1954, that I last saw the deceased alive on 1/22, 1954, and that death occurred at 12:30 AM, from the causes and on the date stated above.
SIGNATURE Ernest A. Sarao (Degree or title) MD ADDRESS 7006 New Hampshire Ave Takoma Park DATE SIGNED 1/23/54

23. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
DATE THEREOF 1/24/1954
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) Washington, (State) D.C.
DATE REC'D BY LOCAL REGISTRAR 1/24/54
REGISTRAR'S SIGNATURE J. Hilton Dodd
24. FUNERAL DIRECTOR Goesberg Funeral Home ADDRESS 4217-9th St NW Wash. DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JAN
BUREAU V. S.

0668

135

MARYLAND — **STATE DEPARTMETT OF HEALTH**

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda — LENGTH OF STAY (In this place): 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: The Clinical Center National Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Virginia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Alexandria
STREET ADDRESS (If rural, give location): 3611 Oval Drive

3. NAME OF DECEASED (Type or Print): (First) Lorin (Middle) Boyd (Last) Hall

4. DATE OF DEATH: (Month) Jan. (Day) 3, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 1, 1908

9. AGE last birthday: 45 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Administrative assistant, U.S. Late

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Clifton D. Hall

14. MOTHER'S MAIDEN NAME: Lucy Clements

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service):

16. SOCIAL SECURITY No.: -0-

17. INFORMANT AND ADDRESS: Medical Record - The Clinical Center

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

18.1

Immediate cause (a) Splenic and peritoneal hemorrhage, severe — Interval Between Onset and Death: 6 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Primary hepato-splenic disease of unknown cause — 2 years (aprrox.)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none — 19b. MAJOR FINDINGS OF OPERATION: — — — — —

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 22, 1953, to Jan. 3, 1954, that I last saw the deceased alive on Jan. 3, 1954, and that death occurred at 9:22p m., from the causes and on the date stated above.

SIGNATURE (Degree or title): James M. Stengle M.D. — ADDRESS: The Clinical Center, N.I.H. — DATE SIGNED: Jan. 4, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 1-8-54 — NAME OF CEMETERY OR CREMATORY: Hillcrest Mem Cemetery — LOCATION (City, town, or county) (State): Dallas Tex.

DATE REC'D BY LOCAL REG. 1-4-54 — REGISTRAR'S SIGNATURE: Bessie M. Thompson — 24. FUNERAL DIRECTOR — ADDRESS: Demaine Funeral Home, Alexandria Va

BUREAU V. S.

0667

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY [illegible] MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): [illegible] X
LENGTH OF STAY (in this place): 40 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital 50

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE [illegible] COUNTY [illegible]
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): [illegible] X
STREET ADDRESS (If rural give location): 6410 Beechwood Drive

3. NAME OF DECEASED: (Type or Print) (First) [illegible] (Middle) [illegible] (Last) [illegible]

4. DATE OF DEATH: (Month) [illegible] (Day) [illegible] (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 27 August 1874

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months | Days; IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): [illegible]

10b. KIND OF BUSINESS OR INDUSTRY: U.S. [illegible]

11 BIRTHPLACE (State or foreign country): [illegible]

12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME: Oscar Hamlet

14. MOTHER'S MAIDEN NAME: Anne Holland

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes ✓ (If Yes, give war or dates of service) WW1

16. SOCIAL SECURITY NO.: - - - -

17. INFORMANT & ADDRESS: Wife: Francel H. Hamlet same as #2 ab[illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

196X

Immediate cause (a) Pulmonary Embolus — Interval Between Onset And Death: 5 minutes

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma, undifferentiated, spine — 3 months

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: [illegible]

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. [illegible], 1953, to Jan. [illegible], 19[illegible], that I last saw the deceased alive on J[illegible], 19[illegible], and that death occurred at [illegible], from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) ADDRESS: [illegible] DATE SIGNED: [illegible]

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: [illegible] January [illegible]

NAME OF CEMETERY OR CREMATORY: Arlington National

LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 25 January 19[illegible]

REGISTRAR'S SIGNATURE: Mary C. Farrelly

24. FUNERAL DIRECTOR: R.A. Pumphrey Funeral Home, 7557 Wisconsin Avenue, Bethesda, Marylan

ADDRESS

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park, Md. LENGTH OF STAY (in this place) since 12/3/53
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. San. & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Wash. D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) 705 - 18th St. N.W.

3. NAME OF DECEASED: (Type or Print) (First) Beatrice (Middle) Mable (Last) Hardy

4. DATE OF DEATH: (Month) 1 (Day) 12 (Year) 1954

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 4-18-1900
9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Connecticut
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank E. Green
14. MOTHER'S MAIDEN NAME: Flora A. Duncan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Elmer P. Hardy as above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
410X Immediate cause	(a)	CONGESTIVE HEART FAILURE	6 weeks
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	RHEUMATIC HEART DISEASE	30 yrs
	DUE TO (c)	MITRAL INSUFFICIENCY	"

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. BRONCHOPNEUMONIA c̄ MULTIPLE LUNG INFARCTS — 8 weeks

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1952, to Jan. 12, 1954, that I last saw the deceased alive on Jan. 12, 1954, and that death occurred at 1.50 PM, from the causes and on the date stated above.
SIGNATURE C.R. Anderson (Degree or title) MD. ADDRESS 7600 Carroll Ave, Takoma Park Md DATE SIGNED 1-12-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Jan 16 1954 NAME OF CEMETERY OR CREMATORY Washington Natl. Cemetery-Suitland, LOCATION (City, town, or county) (State) Md.
DATE REC'D BY LOCAL REGISTRAR 1/13/54 REGISTRAR'S SIGNATURE J. Hilton Dodd
24. FUNERAL DIRECTOR Joseph Gawlers Sons, 1756 Pa. Ave. N.W. Wash D.C. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
COUNTY MONTGOMERY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SILVER SPRING X
LENGTH OF STAY (in this place) 20 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8500 Cedar St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY MONT'G'Y.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SILVER SPRING
STREET ADDRESS (If rural give location) 8500 CEDAR ST.

3. NAME OF DECEASED: (Type or Print) (First) ARTHUR (Middle) R. (Last) HART

4. DATE OF DEATH: (Month) Jan. (Day) 14 (Year) 1954.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: FEB 26, 1907
9. AGE last birthday: 46 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: EXEC. V. PRES; LINCOLN SERVICE CORP.
10b. KIND OF BUSINESS OR INDUSTRY: SMALL LOANS
11. BIRTHPLACE (State or foreign country): WARRENTON, VA.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ARTHUR ROSE HART
14. MOTHER'S MAIDEN NAME: VIRGINIA GREEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: MRS. ELIZABETH D. HART, 8500 CEDAR ST., SILVER SPRING

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

180X
Immediate cause (a) Carcinoma of Stomach — Interval Between Onset And Death: 6 months
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma of Kidney — 7 years
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1947, to 14 Jan, 1954, that I last saw the deceased alive on 14 Jan, 1954, and that death occurred at 5 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
L B Zeller M.D. 7112 Willow Ave Takoma Park Md. 14 Jan 1954.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF JAN 18, 1954
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) WARRENTON, (State) VA.

DATE REC'D BY LOCAL REGISTRAR Jan 1954
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Arthur D. Phillips ADDRESS 254 Carroll St N.W., Takoma Park 12, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

M

I

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Potomac
STREET ADDRESS (If rural, give location) R.F.D. # 3 Bethesda

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) [illegible] V. HAYNES

4. DATE OF DEATH (Month) (Day) (Year) Jan. 27, 1954 19

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 9-8-1904
9. AGE last birthday 49 yrs. If under 1 year Months 4 Days 19 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk
10b. KIND OF BUSINESS OR INDUSTRY Sears Roebuck
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME John Smith
14. MOTHER'S MAIDEN NAME Mary Jennings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. yes-
17. INFORMANT AND ADDRESS 203 N. Adams St. Robert A. Haynes- Rockville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
331 X Immediate cause	(a)	Cerebral Anoxia	1 hr
Antecedent cause(s)	(b)	Cerebral Hemorrhage	12 hrs
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	Hypertension	4 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1954, to Jan 27, 1954, that I last saw the deceased alive on 1/27/, 1954, and that death occurred at 2:00 P m., from the causes and on the date stated above.

SIGNATURE Stephen N. Jones M.D. (Degree or title) ADDRESS Rockville, Md. DATE SIGNED 1/28/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 1-30-54
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) (State) Suitland, Maryland

DATE REC'D BY LOCAL REG. 2/2/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert N. Pumphrey ADDRESS Bethesda, Md.

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Items#8 &9 FilmG160 1/15/54 mnb

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00640

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville
STREET ADDRESS (If rural give location) Route 4

3. NAME OF DECEASED: (Type or Print) (First) Susie (Middle) C. (Last) Hill

4. DATE OF DEATH: (Month) Jan. (Day) 4 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Feb. 2 1/8/8/61 88 5
9. AGE last birthday: 68 16 6 yrs. IF UNDER 1 YEAR: Months 10 Days 2 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): W. Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs. L. A. Mead - Same Item #2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

32.X

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset And Death: 3 days?

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension — 10 years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1950, to Jan. 3, 1954, that I last saw the deceased alive on Jan. 3, 1954, and that death occurred at 4:30 A.M. from the causes and on the date stated above.

SIGNATURE William H. Gadob M.D. (Degree or title) ADDRESS 8016 Georgetown Rd. Bethesda Md. DATE SIGNED Jan 4 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1/6/1954
NAME OF CEMETERY OR CREMATORY Parklawn
LOCATION (City, town, or county) Rockville (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 1-4-54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Roberts A. Pumphrey
ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

JAN
BUREAU V. S

0671

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. ...

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS MONTGOMERY COUNTY GENERAL HOSPITAL OLNEY, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg X
STREET ADDRESS (If rural give location) 6 Maryland Ave.

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Copes (Last) Holmead

4. DATE OF DEATH: (Month) January (Day) 13 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: January 11, 1954

9. AGE last Birthday: ... yrs. IF UNDER 1 YEAR: Months 3 Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Newborn

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Frederick Holmead

14. MOTHER'S MAIDEN NAME: Ethel Mary Copes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 4

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 754.3 (a) Patent Foramen Ovale — Interval Between Onset And Death: 60 min.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) ...

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: /

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 11, 1954, to Jan. 13, 1954, that I last saw the deceased alive on Jan. 13, 1954 and that death occurred at 9:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Jack Hammaker M.D. ADDRESS Gaithersburg, Md. DATE SIGNED Jan. 13, 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Jan 15, 1954

NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery

LOCATION (City, town, or county) (State) Washington D.C

DATE REC'D BY LOCAL REGISTRAR 1-14-54

REGISTRAR'S SIGNATURE Gertrude B Lawler

24. FUNERAL DIRECTOR Warner E. Pumphrey

ADDRESS 8434 Geo. ave. Silver Spring, Md.

RECEIVED
JAN 18 1954
BUREAU V. S.

0672

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Monty
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 5519 Roosevelt St

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) C. (Last) Hubbard Jr

4. DATE OF DEATH (Month) Jan (Day) 31 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH:
9. AGE last birthday: 43 yrs. IF UNDER 1 YEAR Months 11 Days 8 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Secretary
10b. KIND OF BUSINESS OR INDUSTRY: Air Transport Assn
11. BIRTHPLACE (State or foreign country): Maywood, New Jersey
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles C. Hubbard, Sr.
14. MOTHER'S MAIDEN NAME: Elizabeth Westar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Frances C. Hubbard - Same Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

977X

Immediate cause (a) Thoracic hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: sudden death

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Stab wound in chest

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 1st, 2d & 3rd degree burns covering 70% of body

19a. DATE OF OPERATION: —
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home
21c. (City or town) Bethesda (County) Monty (State) Md

21d. TIME OF INJURY (Month) 1-31-54 (Day) (Year) (Hour) 11 A.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? self inflected stab wounds in left chest

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J Broschart M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 1-31-54

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation
DATE THEREOF 2/1/1954
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) (State) Prince George Maryland

DATE REC'D BY LOCAL REG. 2/2/54
REGISTRAR'S SIGNATURE Bessie M Humphrey
24. FUNERAL DIRECTOR Robert A. Humphrey
ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

BUREAU V. S.

0673

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
MARYLAND
LENGTH OF STAY (in this place) 6 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10,112 Hereford Place

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 1214 Eye Street, S. E.

3. NAME OF DECEASED: (Type or Print) (First) Paul (Middle) Emory (Last) Hutchison

4. DATE OF DEATH: (Month) Jan. (Day) 14 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9/15/86

9. AGE Last birthday: 67 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Phillip A. Hutchison

14. MOTHER'S MAIDEN NAME: Susie I. Furr

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 578-22-9565

17. INFORMANT & ADDRESS: Mr. Robert F. Snyder, 10,112 Hereford Place Silver Spring, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 162.X
(a) GENERALIZED CARCINOMATOSIS

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO
(b) BRONCHIOGENIC CARCINOMA
DUE TO
(c)

Interval Between Onset And Death
(a) UNKNOWN
(b) 4 MOS.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 Nov., 1953, to 14 Jan., 1954, that I last saw the deceased alive on 14 Jan., 1954, and that death occurred at 10:00 PM., from the causes and on the date stated above.

SIGNATURE L. Marshall Leuvillin Jr. (Degree or title) M.D. ADDRESS 1407-Woodside Pkwy Silver Spring Md. DATE SIGNED 15 Jan., 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1/18/54
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) (State) Prince George County, Md.

DATE REC'D BY LOCAL REGISTRAR Jan. 18, 1954
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Warner L. Pumphrey
ADDRESS 8434 Georgia Avenue Silver Spring, Md.

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 20 1954
BUREAU V. S.

0605

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7420 Maple Avenue X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase
STREET ADDRESS (If rural give location) 2608 Ross Road

3. NAME OF DECEASED: (Type or Print) (First) AGNES H. (Middle) JOHNSON (Last)

4. DATE OF DEATH: (Month) January (Day) 24 (Year) 19 54

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: June 9, 1866
9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: House wife
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Zachariah Hayden
14. MOTHER'S MAIDEN NAME: Sophia Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mr. Christopher S. Johnson 2608 Ross Road, Chevy Chase, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral vascular accident — Interval Between Onset And Death: 6 months

DUE TO Hypertension + arteriosclerosis — unknown

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) —
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Oct, 1951, to Jan 24, 1954, that I last saw the deceased alive on 21 Jan, 1954, and that death occurred at 1 PM, from the causes and on the date stated above.

SIGNATURE Herbert M Wechsler (Degree or title) M D ADDRESS 900-17th St NW DATE SIGNED Wash D.C. 1/24/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1/27/54
NAME OF CEMETERY OR CREMATORY St. Joseph's Cemetery
LOCATION (City, town, or county) (State) Morganza, St. Mary's Co., Md.

DATE REC'D BY LOCAL REGISTRAR Jan 27 1954
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS 8434 Georgia Ave. Silver Spring, Md.

Item 17 - Film G161 2-8-54 L

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 714

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9114 Wire Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring X
STREET ADDRESS (If rural give location) 9114 Wire Avenue

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) ELIZABETH B. JOHNSON

4. DATE OF DEATH: (Month) (Day) (Year) January 31 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 9/6/86
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Covington, Ky.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William W. Brown
14. MOTHER'S MAIDEN NAME: Margaret Cambron

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mr. Augustus C. ~~Brown~~ Johnson, 9114 Wire Ave. Silver Spring, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.0 (a) Acute coronary occlusion — Interval Between Onset And Death: 6 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerotic Ht. Disease — 10 yrs

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8.22, 1953 to 1.31, 1954, that I last saw the deceased alive on 11.23, 1953, and that death occurred at 11 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) L G Mac Murray, MD
ADDRESS 1150 Conn Ave, NW, Wash, D.C.
DATE SIGNED 1.31.54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2/3/54
NAME OF CEMETERY OR CREMATORY Parklawn Cemetery
LOCATION (City, town, or county) (State) Montgomery County, Md.

DATE REC'D BY LOCAL REGISTRAR 2-2-54
REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Warner E. Pumphrey
ADDRESS 8434 Georgia Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

FEB
BUREAU V. S

0622

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) R.F.D.

3. NAME OF DECEASED (Type or Print) (First) Lee (Middle) Andrew (Last) JONES

4. DATE OF DEATH (Month) Jan (Day) 27 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 2/6/1875
9. AGE last birthday 78 yrs. If under 1 year Months 11 Days 21 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Cabinet Maker Self-employed
11. BIRTHPLACE (State or foreign country) West Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James A. Jones
14. MOTHER'S MAIDEN NAME Susan Montgomery

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT AND ADDRESS Ralph Jones - same as Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cancer of the Stomach — INTERVAL BETWEEN ONSET AND DEATH 4 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION July 9, 1952
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1949, to Jan 27, 1954, that I last saw the deceased alive on Jan 25, 1954, and that death occurred at 7:14A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wilbur Wehle M.D. ADDRESS Rockville, DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Removal-burial
DATE THEREOF 1/27/1954
NAME OF CEMETERY OR CREMATORY Old Amwell
LOCATION (City, town, or county) (State) Crawley West Virginia

DATE REC'D BY LOCAL REG. Jan 27, 1954
REGISTRAR'S SIGNATURE Dorothy M. Jackson
24. FUNERAL DIRECTOR Roberts A. Pumphrey ADDRESS Bethesda, Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
BUREAU V. S.

0675

MARYLAND STATE DEPARTMENT OF HEALTH—~~BALTIMORE, 19~~

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda X — LENGTH OF STAY (in this place)	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5602 Wilson Lane X	STREET ADDRESS (If rural give location) 5602 Wilson Lane

3. NAME OF DECEASED: (Type or Print) (First) ROBERT (Middle) E. (Last) JONES

4. DATE OF DEATH: (Month) Jan. (Day) 6, (Year) 1954 19

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Oct.26,1886	67 yrs.	2	10		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Engineer	School	Maryland	US

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Thomas Jones	Mary Holland

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No		213-24-2267	Bertha A. Jones- Item# 2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

162X

Immediate cause (a) DUE TO Bronchogenic Carcinoma

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO with Metastases

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1 Aug 1953

19b. MAJOR FINDINGS OF OPERATION Bronchogenic Carcinoma

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-6, 1954, to 1-6, 1954, that I last saw the deceased alive on 1-6, 1954, and that death occurred at 1:30 PM, from the causes and on the date stated above.

SIGNATURE A. Doyle (Degree or title) M.D. ADDRESS Bethesda, Md DATE SIGNED 1-6-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-9-54	Cedar Hill	Suitland, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/7/54	Bessie M. Thompson	Robert A. Pumphrey	Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY X
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olney X — LENGTH OF STAY (in this place) 10 hrs	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville
HOSPITAL OR INSTITUTION OR STREET ADDRESS Monty Co Gen Hosp	STREET ADDRESS (If rural give location) 915 Bradford Drive

3. NAME OF DECEASED: (Type or Print) (First) Virginia (Middle) (JONES) (Last) Jones			4. DATE OF DEATH: (Month) 1 (Day) 10 (Year) 1954	
5. SEX: F	6. COLOR OR RACE: N	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Mard	8. DATE OF BIRTH: 10/24/1906	9. AGE last birthday: 47 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurses Aid	10b. KIND OF BUSINESS OR INDUSTRY: Hosp	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME: Thos F Gibson		14. MOTHER'S MAIDEN NAME: unknown		
15 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS: Hosp records		

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 331X Immediate cause	(a) Cerebral Hemorrhage	12 hours
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Cardio Vascular Disease	yes
	DUE TO (c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None		no

19a. DATE OF OPERATION: ✓	19b. MAJOR FINDINGS OF OPERATION ✓	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓	(CITY OR TOWN) ✓ (COUNTY) ✓ (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR? ✓	

22. I hereby certify that I attended the deceased from ✓, 19..., to ✓, 19..., that I last saw the deceased alive on ✓, 19✓, and that death occurred at ✓, from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J M Bird	M D	Sandy Spring	1/10/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial	DATE THEREOF Jan 12-1954	NAME OF CEMETERY OR CREMATORY Rockville Union	LOCATION (City, town, or county) Rockville - Montgomery Cty	(State) Md
DATE REC'D BY LOCAL REGISTRAR 1-10-54	REGISTRAR'S SIGNATURE Gertrude B Lawler	24. FUNERAL DIRECTOR Robert A Pumphrey	ADDRESS Bethesda Md	

Originally ~~Orig~~ filed under Moore -

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00648

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring X
LENGTH OF STAY (in this place) 38 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2907 Covington Rd. X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Monty.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring X
STREET ADDRESS (If rural give location) 2907 Covington Rd.

3. NAME OF DECEASED: (Type or Print) (First) Eva (Middle) May (Last) ~~Kimpton~~ KIMPTON
4. DATE OF DEATH: (Month) Jan (Day) 6 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: Nov. 11, 1870
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Wm. H. Stansbury
14. MOTHER'S MAIDEN NAME: Sue Yateman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Miss Jessie Kimpton 2907 Covington Rd. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0
Immediate cause (a) Coronary Thrombosis — Sudden
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterio sclerotic Heart Disease — ?
DUE TO
(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 25, 1951, to Jan 6, 1954, that I last saw the deceased alive on Nov 27, 1953, and that death occurred at 4 00 P.M. from the causes and on the date stated above.

SIGNATURE J. Marion Bankhead (Degree or title) M.D. ADDRESS 9241 Col. Blvd Silver Spring Md. DATE SIGNED Jan 6, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1/9/54
NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery
LOCATION (City, town, or county) (State) Washington, D. C.

DATE REC'D BY LOCAL REGISTRAR 1-8-54
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS 8434 Georgia Ave. Silver Spring, Maryland

Dr. F. J. Broschart - Montg. Co. Medical examiner Notified — and he authorized my signing this certificate

Marion Bankhead.

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JAN 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. + Rocks.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wheaton
STREET ADDRESS (If rural, give location) 11304 Old Bladensburg Rd

3. NAME OF DECEASED (Type or Print) (First) Gladys (Middle) Bernice (Last) King
4. DATE OF DEATH (Month) Jan (Day) 28 (Year) 1954

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 8-9-22
9. AGE last birthday 31 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY AT HOME
11. BIRTHPLACE (State or foreign country) New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Joseph Burns
14. MOTHER'S MAIDEN NAME [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. UNKNOWN
17. INFORMANT AND ADDRESS Hosp Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

916.0

Immediate cause (a) Shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 1st 2nd + 3rd degree burns involving about 70% of body — 10 days

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home (CITY OR TOWN) Wheaton (COUNTY) Montg (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 1-18-54 - 6-P m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Clothes caught fire from stove

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE (Degree or title) Frank J Brosehart M.D. ADDRESS Gaithersburg Md DATE SIGNED 1-28-54

23. BURIAL, CREMATION BURIAL DATE THEREOF 1/30/54 NAME OF CEMETERY OR CREMATORY ROCK CREEK LOCATION (City, town, or county) (State) WASHINGTON, DC

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Jan 29-1954 J. Wilson Dodd

24. FUNERAL DIRECTOR WW CHAMBERS Co ADDRESS 1400 CHAPIN ST NW WASH. DC.

MARGIN RESERVED FOR BINDING

I

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct [illegible] specially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01077

CERTIFICATE OF DEATH

Reg. Dist. No. 2-4

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (In this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 618 Bennington Dr

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 618 Bennington Dr.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Caroline	V.	LANE	July	16	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	Widow	Aug 5 1904	49 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Maryland	

13. FATHER'S NAME Harry T. Burton
14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs Leon Lemmon

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac Decompensation	about 6 mo
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ..... 19 54, to 16 Jul, 19 54, that I last saw the deceased alive on 14 Jul, 1954, and that death occurred at 1 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William D. Cud	MD	Silver Spring, Md	16 Jul '54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-16-1954	Cedar Hill	Rockville, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-16-54		J J Hoffert	4715 14th St NW Wash DC

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
FEB 1 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS MONTGOMERY COUNTY GENERAL HOSPITAL OLNEY, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sandy Spring
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Millard (Last) Lethbridge
4. DATE OF DEATH: (Month) January (Day) 15 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 4·24·72
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Owner
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: John Richard Lethbridge
14. MOTHER'S MAIDEN NAME: Lucinda Johnson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
450.0
Immediate cause (a) General Arterio Sclerosis — Interval Between Onset And Death: years
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hemiphlegia Right — 2 weeks
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION ✓
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓
(CITY OR TOWN) (COUNTY) (STATE) ✓
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from 2/1/, 1950, to 1/15/, 1954, that I last saw the deceased alive on 1/14/, 1954, and that death occurred at 5:30 a.m., from the causes and on the date stated above.
SIGNATURE [signature] (Degree or title) M.P. ADDRESS Sandy Spring DATE SIGNED 1/15/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Jan 17/54
NAME OF CEMETERY OR CREMATORY Union Burtonville Md
LOCATION (City, town, or county) Montgomery (State) Olney
DATE REC'D BY LOCAL REGISTRAR Jan 17-54
REGISTRAR'S SIGNATURE Gertrude B Gawler
24. FUNERAL DIRECTOR Roy W Barber Lyons Ville Md
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 20 1954
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
LENGTH OF STAY (in this place) [illegible] Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE North Carolina COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Fairmont 70x-3
STREET ADDRESS (If rural give location) [illegible]

3. NAME OF DECEASED: (Type or Print) (First) Katherine (Middle) [illegible]ucille (Last) [illegible]is

4. DATE OF DEATH: (Month) January (Day) [illegible] (Year) 19[illegible]

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: December 3, 1913

9. AGE last birthday: 40 yrs. IF UNDER 1 YEAR: Months 1 Days 17 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Nurse

10b. KIND OF BUSINESS OR INDUSTRY: USN Retired

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Artemus Lewis

14. MOTHER'S MAIDEN NAME: Mary Benon Innman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWII

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: [illegible]: Mary I. [illegible] above

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592X

Immediate cause (a) Chronic Glomerulo Nephritis — Interval Between Onset And Death: 3 yrs.

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 5, 1954, to Jan. 30, 1954, that I last saw the deceased alive on Jan. 30, 1954, and that death occurred at 8:[illegible], from the causes and on the date stated above.

SIGNATURE W.L. Chapman (Degree or title) W.L. CHAPMAN, LT MC USN, U.S. Naval Hospital, NNMC, ADDRESS Bethesda, Maryland DATE SIGNED January 31, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) [illegible]

DATE THEREOF [illegible]

NAME OF CEMETERY OR CREMATORY Fairmont Cemetary

LOCATION (City, town, or county) (State) Fairmont, North Carolina

DATE REC'D BY LOCAL REGISTRAR Jan [illegible]

REGISTRAR'S SIGNATURE Mary C. Farrelly

24. FUNERAL DIRECTOR R.A. Pumphrey Funeral Home, 7557 Wisco[illegible] Avenue, Bethesda, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

FEB
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 10 hours.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Washington COUNTY D.C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural give location) 4021-Kenesaw Ave. N.W.

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Liller

4. DATE OF DEATH: (Month) Jan. (Day) 19th (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Baby | 8. DATE OF BIRTH: Jan. 18-1954 | 9. AGE last Birthday: 9.50 Hrs. yrs. | IF UNDER 1 YEAR: Months, Days, Hours 9, Min. 50 | IF UNDER 24 HRS.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): none | 10b. KIND OF BUSINESS OR INDUSTRY: none | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: William Raymond Liller | 14. MOTHER'S MAIDEN NAME: Louise Haynes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no | 16. SOCIAL SECURITY No.: no | 17. INFORMANT & ADDRESS: Father 4021-Kenesaw Ave N.W.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 762.5
(a) Prematurity (weight 900 Grm.) 5½ Month — Interval Between Onset And Death

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Anoxia — 9½ hrs.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 Jan ....,19.54, to ....., 19.., that I last saw the deceased alive on 18 Jan , 1954 , and that death occurred at 9:30 A.M. , from the causes and on the date stated above.

SIGNATURE John W. Hammond (Degree or title) ADDRESS 7659 Georgetown Rd. Bethesda, Md. DATE SIGNED 2 January

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 20 January 1954 | NAME OF CEMETERY OR CREMATORY Hospital Burial | LOCATION (City, town, or county) (State) Bethesda, Maryland

DATE REC'D BY LOCAL REGISTRAR 1/23/54 | REGISTRAR'S SIGNATURE Theodore W. Frank/sou | 24. FUNERAL DIRECTOR Amelia Manry Carter, Supt. ADDRESS 7th & D St. S.E.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural give location) 7811 Custer Road

3. NAME OF DECEASED: (Type or Print) (First) Harold (Middle) Greening (Last) Lockwood
4. DATE OF DEATH: (Month) JAN. (Day) 10 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 22 1904
9. AGE last birthday: 49 yrs. IF UNDER 1 YEAR Months 6 Days 19 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Liason Officer Veterans Administration
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Minnesota
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Drake Lockwood
14. MOTHER'S MAIDEN NAME: Nanna Greening

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 1940-45
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs. Elizabeth Brady Lockwood 7811 Custer Road, Bethesda

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.1
(a) Acute coronary occlusion — Interval Between Onset And Death: 4 hours
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Atherosclerosis coronary arteries — 7 years
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1951, to Jan., 1954, that I last saw the deceased alive on 10 Jan., 1954, and that death occurred at 10 15 P.M., from the causes and on the date stated above.

SIGNATURE W. B. Murphy (Degree or title) MD ADDRESS Rockville Md DATE SIGNED 11 Jan 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1/14/1954
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington Virginia

DATE REC'D BY LOCAL REGISTRAR 1/11/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Roberts A. Pumphrey
ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:

COUNTY [illegible] MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) [illegible]

LENGTH OF STAY (in this place) [illegible]

HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE [illegible] COUNTY

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) [illegible]

STREET ADDRESS (If rural give location) [illegible]

3. NAME OF DECEASED: (Type or Print) (First) [illegible] (Middle) [illegible] (Last) [illegible]

4. DATE OF DEATH: (Month) [illegible] (Day) [illegible] (Year) 19[illegible]

5. SEX: [illegible]

6. COLOR OR RACE: [illegible]

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible]

8. DATE OF BIRTH: January 1, 19[illegible]

9. AGE last birthday: 4 yrs. IF UNDER 1 YEAR: Months [illegible] Days [illegible] IF UNDER 24 HRS.: Hours [illegible] Min. [illegible]

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Duplicating operator

10b. KIND OF BUSINESS OR INDUSTRY: U.S.Government

11. BIRTHPLACE (State or foreign country): Frostburg, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Phillip Isaac Long

14. MOTHER'S MAIDEN NAME: Anna House

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) [illegible] (If Yes, give war or dates of service) WWII

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Wife: Frances K. Long Same as #2 above.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

151 X

Immediate cause (a) General visceral failure with cardio respiratory collapse — 1 day

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Metastatic carcinoma — 1 month

DUE TO

(c) Carcinoma of stomach — +m

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition

19a. DATE OF OPERATION: Nov. 20 1953

19b. MAJOR FINDINGS OF OPERATION Inoperable carcinoma of stomach metastatic to liver

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. [illegible] 19[illegible], to Jan. [illegible], 19[illegible], that I last saw the deceased alive on Jan. 9, 19 54, and that death occurred at 8:[illegible] PM, from the causes and on the date stated above.

SIGNATURE [illegible] Clenathan (Degree or title) [illegible], U.S. Naval Hospital, NTHC, Bethesda, Maryland ADDRESS DATE SIGNED [illegible]

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF January [illegible], 19[illegible] NAME OF CEMETERY OR CREMATORY Arlington National Cemetery LOCATION (City, town, or county) Arlington, Virginia (State)

DATE REC'D BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE Mary C. Farrelly

24. FUNERAL DIRECTOR Chambers Funeral Home, [illegible] Avenue, Riverdale, Maryland ADDRESS

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda X
LENGTH OF STAY (in this place) 2 wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New York COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Flushing
STREET ADDRESS (If rural give location) 4611 Smart Street

3. NAME OF DECEASED: (Type or Print) (First) Anton (Middle) — (Last) Loschack
4. DATE OF DEATH: (Month) January (Day) 14 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: May 15, 1886
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months 7 Days 29 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Waiter
10b. KIND OF BUSINESS OR INDUSTRY: Lobster House
11. BIRTHPLACE (State or foreign country): Vienna, Austria
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? Loschack
14. MOTHER'S MAIDEN NAME: Josephine ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Madeline L. Haas - 5922 Conway Rd. Bethesda, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Cardiac Decompensation DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension - Uremia DUE TO

(c)

Interval Between Onset And Death: 2 weeks; 2 weeks?

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/31, 1953, to Jan. 14, 1954, that I last saw the deceased alive on Jan 13, 1954, and that death occurred at 12:10 pm, from the causes and on the date stated above.

SIGNATURE William N. Gadol MD. (Degree or title) ADDRESS 8016 Georgetown Rd DATE SIGNED 1-14-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1/18/1954
NAME OF CEMETERY OR CREMATORY George Washington
LOCATION (City, town, or county) (State) Prince Geo. Co. Maryland
DATE REC'D BY LOCAL REGISTRAR 1/16/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Roberts A. Pumphrey ADDRESS Beth. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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0634

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Boyd
STREET ADDRESS (If rural give location) RFD #2

3. NAME OF DECEASED: (Type or Print) (First) Gladys (Middle) Marie (Last) Luckett

4. DATE OF DEATH: (Month) Jan (Day) 17 (Year) 1954

5. SEX: F
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: June 3, 1896
9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): House Attendant
10b. KIND OF BUSINESS OR INDUSTRY: Hospital
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME: Daniel T Jackson
14. MOTHER'S MAIDEN NAME: Isabel Doye

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Florence Mallory 551 MacDonald St. Pasadena Calif.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

175X

Immediate cause (a) toxemia — 3 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) malignant ovarian carcinomatosis — 5 mo

DUE TO

(c) twisted cyst of ovary (malignant — July 1953

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1-15-54
19b. MAJOR FINDINGS OF OPERATION: carcinomatosis abdominal
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1953 to 1-17-1954 that I last saw the deceased alive on 1-17-1954, and that death occurred at 3:55 P.M., from the causes and on the date stated above.

SIGNATURE John O Robben (Degree or title) MD
ADDRESS 7930 Georgia Ave Silver Springs Md
DATE SIGNED 1-18-54

23. BURIAL, CREMATION, REMOVAL (Specify)
DATE THEREOF 1/21/54
NAME OF CEMETERY OR CREMATORY Clarksburg Rocky Hill
LOCATION (City, town, or county) Clarksburg, Montg. (State) Md.

DATE REC'D BY LOCAL REGISTRAR 1/20/54
REGISTRAR'S SIGNATURE Bessie M Thompson
24. FUNERAL DIRECTOR R.L. Snowden, ADDRESS Rockville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

0623

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville — LENGTH OF STAY (In this place) 4 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS 120 S. Washington St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) George (Middle) T. (Last) Lyles

4. DATE OF DEATH: (Month) Jan (Day) 30 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: Cal

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 18, 1893

9. AGE last birthday: 60 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Lyles

14. MOTHER'S MAIDEN NAME: Mary Robinson

15. WAS DECEASED EVER IN ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): ?

16. SOCIAL SECURITY NO.: 578-07-0982

17. INFORMANT AND ADDRESS: Ora S. Lyles (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval between onset and death: Fell dead while at work

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Frank J. Brockhurst M.D. — ADDRESS: Gaithersburg Md — DATE SIGNED: 1-30-54

23. BURIAL, CREMATION, REMOVAL (Specify): ? — DATE THEREOF: 2/2/54 — NAME OF CEMETERY OR CREMATORY: Church — LOCATION (City, town, or county) (State): Rockville, Mont Md

DATE REC'D BY LOCAL REG. 2-2-54 — REGISTRAR'S SIGNATURE: Dorothy M. Jacobsen

24. FUNERAL DIRECTOR — ADDRESS: R. T. Snowden, Rockville, Md.

0635

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 316

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 319 W. Bradley Lane X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 319 W. Bradley Lane

3. NAME OF DECEASED (Type or Print) (First) SUSIE (Middle) ANNA (Last) McCABE
4. DATE OF DEATH (Month) Jan. (Day) 12, (Year) 1954

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 2-24-1878
9. AGE last birthday 75 yrs. If under 1 year Months 10 Days 18 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME George Nichols
14. MOTHER'S MAIDEN NAME Sarah ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Harry R. McCabe - Item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420.1 Immediate cause (a)	Coronary Occlusion	10 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Advanced Arteriosclerosis	5 years
(c)	Auricular Fibrillation	2 mo.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/3, 1954, to 1/11, 1954, that I last saw the deceased alive on 1/11, 1954, and that death occurred at 12-25 Am., from the causes and on the date stated above.

SIGNATURE Frank Jaggers (Degree or title) M.D. ADDRESS 5707 Wisconsin Ave. Chevy Chase Md. DATE SIGNED 1/12/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1-14-54
NAME OF CEMETERY OR CREMATORY Forest Oak
LOCATION (City, town, or county) (State) Gaithersburg, Maryland

DATE REC'D BY LOCAL REG. 1/13/54
REGISTRAR'S SIGNATURE Bernie M. Thompson
24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 1da.-6 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Dist. of Col. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 4027 Brandywine St.

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) Louise (Last) McCloskey
4. DATE OF DEATH: (Month) January (Day) 7, (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 9-30-95
9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: D.C. Recreation Dept
11. BIRTHPLACE (State or foreign country): Dist. of Col.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Edward Estes Hunter
14. MOTHER'S MAIDEN NAME: Annie Mosley

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Daughter - Mrs. Edith Spann

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Nephrosclerosis, terminal renal failure of arteriolar type — Interval Between Onset And Death: 2 days

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Malignant Hypertension — 10 yrs +
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1) Massive gastric hemorrhage, multiple points from mucosa 2) Old myocardial infarct

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from ....., 1949, to Jan 7, 1954, that I last saw the deceased alive on Jan 7, 1954, and that death occurred at 8:45 A.M., from the causes and on the date stated above.

SIGNATURE Stewart Clapp (Degree or title) M.D. ADDRESS 3921 Mcomar St N.W. DATE SIGNED 1.7.54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF JAN 11, 1954
NAME OF CEMETERY OR CREMATORY GLENWOOD CEM
LOCATION (City, town, or county) (State) WASHINGTON, D.C.
DATE REC'D BY LOCAL REGISTRAR 1/8/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR The S.H. Hines Co. ADDRESS 2901-14th St. N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 211

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Damascus
LENGTH OF STAY (in this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD # 5 Mt. Airy

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Damascus
STREET ADDRESS (If rural give location) RFD #5 Mt. Airy

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) Johnson (Last) Medairy

4. DATE OF DEATH: (Month) (Day) (Year) January 16 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Nov. 7, 1882

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Frederick County, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: unknown Medairy

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-26-0372

17. INFORMANT & ADDRESS: Mrs Daisy E. Medairy, Mt. Airy, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 177 X Carcinoma of prostate with metastases — Interval Between Onset And Death: 3 yrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1952

19b. MAJOR FINDINGS OF OPERATION: Same

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 19 53, to Jan. , 1954, that I last saw the deceased alive on Jan. 16 1954, and that death occurred at 9:45 A.M. from the causes and on the date stated above.

SIGNATURE M. McKendree Boyer (Degree or title) M.D. ADDRESS Damascus, Maryland DATE SIGNED Jan. 18, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Jan. 19, 1954
NAME OF CEMETERY OR CREMATORY Mt. Olivet
LOCATION (City, town, or county) (State) Frederick, Maryland.

DATE REC'D BY LOCAL REGISTRAR Jan. 18, 1954
REGISTRAR'S SIGNATURE Della N. Burdette

24. FUNERAL DIRECTOR ADDRESS Olin L. Molesworth, Damascus, Md.

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 243

M

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park | LENGTH OF STAY (in this place) 5 3/4 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium + Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 7015 9th St., N.W.

3. NAME OF DECEASED (Type or Print): (First) Mildred (Middle) Elizabeth (Last) Manage
4. DATE OF DEATH: (Month) Jan (Day) 22 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: 4-26-15
9. AGE last birthday: 38 yrs. If under 1 year: Months. If under 1 day: Days. If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretary
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): District of Columbia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Walter R. Smith
14. MOTHER'S MAIDEN NAME: Tabitha Inscoe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Patient

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

204.3
Immediate cause (a) Acute Leukemia (unclassified)

Antecedent cause (s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)
(c)

INTERVAL BETWEEN ONSET AND DEATH: 5 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 21, 1954, to Jan 22, 1954, that I last saw the deceased alive on Jan 22, 1954, and that death occurred at 8:25 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles J. Carroll M.D. ADDRESS 6801-6th St. N.W. Wash D.C. DATE SIGNED 1/23/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE 1/26/54
NAME OF CEMETERY OR CREMATORY Arlington Nat. Cemt
LOCATION (City, town, or county) (State) Arlington Va

DATE REC'D BY LOCAL REG. Jan. 23-54
REGISTRAR'S SIGNATURE J. Milton Dodd
24. FUNERAL DIRECTOR ADDRESS Joseph F. Birch's Sons Wash. D.C.

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) [illegible]
LENGTH OF STAY (in this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) [illegible]
STREET ADDRESS (If rural give location) [illegible]

3. NAME OF DECEASED: (Type or Print) (First) Carol (Middle) [illegible] (Last) [illegible]

4. DATE OF DEATH: (Month) January (Day) [illegible] (Year) 19[illegible]

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: December 2[illegible], 19[illegible]
9. AGE last birthday: [illegible] yrs. IF UNDER 1 YEAR Months [illegible] Days 12 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Pine Level, North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jeb Davis
14. MOTHER'S MAIDEN NAME: Mary Richardson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) [illegible] (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: 2145 [illegible] Daughter: Mrs. Robert Thayer, [illegible]

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Gastrointestinal Hemorrhage — Interval Between Onset And Death 6 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic Myelogenous Leukemia — 2 yrs.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: [illegible]
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 17, 1953, to Jan. [illegible], 19[illegible], that I last saw the deceased alive on Jan. [illegible], 1954, and that death occurred at 1:0[illegible] PM, from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) [illegible], U.S. Naval Hospital, NMC, Bethesda, Maryland. ADDRESS DATE SIGNED January [illegible], 19[illegible]

23. BURIAL, CREMATION, REMOVAL (Specify) [illegible] DATE THEREOF January [illegible], 1954 NAME OF CEMETERY OR CREMATORY Arlington National Cemetery LOCATION (City, town, or county) Arlington, Virginia. (State)

DATE REC'D BY LOCAL REGISTRAR January 9, 1954 REGISTRAR'S SIGNATURE Mary E. Farrelly

24. FUNERAL DIRECTOR R.A. Pumphrey Funeral Home, 7557 Wisc[illegible] Avenue, Bethesda, Maryland. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) [illegible]
LENGTH OF STAY (in this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital 50

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Arlington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) [illegible]
STREET ADDRESS (If rural give location) 2824 16th Street

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Girl (Last) MIDDLEBROOK

4. DATE OF DEATH: (Month) January (Day) 23 (Year) 19[illegible]

5. SEX: [illegible]
6. COLOR OR RACE: [illegible]
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: [illegible] January [illegible]
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: [illegible]
14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) [illegible] (If Yes, give war or dates of service) - - - -
16. SOCIAL SECURITY No.: - - - -
17. INFORMANT & ADDRESS: same as #2, above
Father: [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 761.0 (a) Asphyxia, intra uterine — Interval Between Onset And Death

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Fetal dystocia — 4 hrs

DUE TO

(c) Face presentation — 4 hrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Active labor, ruptured membranes Caesarian section

19a. DATE OF OPERATION: [illegible]
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 23, 19[illegible], to Jan. 23, 19[illegible], that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at [illegible] a.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) [illegible] ADDRESS U. S. Naval Hospital, Bethesda, [illegible] DATE SIGNED [illegible] January 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 29 January 1954 NAME OF CEMETERY OR CREMATORY Arlington National LOCATION (City, town, or county) Arlington, Virginia (State)

DATE REC'D BY LOCAL REGISTRAR [illegible] REGISTRAR'S SIGNATURE Mary E. Farrelly

24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible] Avenue, Bethesda, Maryl

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fairhaven Rest Home 10,231 Carroll Place X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 5700 North Capitol Street ✓

3. NAME OF DECEASED (Type or Print) (First) Ella (Middle) M (Last) Miller
4. DATE OF DEATH (Month) Jan. (Day) 11 (Year) 1954
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 4/26/69
9. AGE last birthday 83 84 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker
10b. KIND OF BUSINESS OR INDUSTRY Onw home
11. BIRTHPLACE (State or foreign country) Staunton, Virginia
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME David A. Kennedy
14. MOTHER'S MAIDEN NAME Mary V unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mr. Nelson Miller, 9304 2nd Ave. Silver Spring, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4200 Immediate cause (a) Generalized arteriosclerosis with arteriosclerotic heart disease. — INTERVAL BETWEEN ONSET AND DEATH 2 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diverticulitis with partial [illegible] obstruction — 2 mo.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1953, to Jan 11, 1954, that I last saw the deceased alive on 1/10, 1954 and that death occurred at 5:10A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) D. W. Nealon - J M D
ADDRESS 1746 K. St N.W. Wash DC
DATE SIGNED 1/11/54.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1/13/54
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) (State) Prince George County, Md.

DATE REC'D BY LOCAL REG. 1-13-54
REGISTRAR'S SIGNATURE Frances [illegible]
24. FUNERAL DIRECTOR Warner E. Humphrey
ADDRESS 8434 Georgia Ave. Silver Spring, Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL LENGTH OF STAY and give nearest town) (In this place) MONTGOMERY CO.
HOSPITAL OR INSTITUTION OR STREET ADDRESS GEN'L HOSPITAL, INC. Olney

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sandy Spring
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Janet (Last) Miller
4. DATE OF DEATH: (Month) January (Day) 14 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 11.18.65
9. AGE last birthday: 88 yrs. IF UNDER 1 YEAR Months, Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Warwick Price Miller
14. MOTHER'S MAIDEN NAME: Mary Moore Stabler
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
422.1 Immediate cause	(a) Apoplexy, Thrombotic	3 wks
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Chronic myocarditis	4 yrs
	DUE TO (c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to Jan. 14, 1954, that I last saw the deceased alive on Jan 14, 1954, and that death occurred at 10:32 am from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[illegible] Sandy Spring, Md 1/14/54

23. BURIAL, CREMATION, REMOVAL (Specify) Buried Cremation
DATE THEREOF Jan 17, 54
NAME OF CEMETERY OR CREMATORY Farm Cemetery Alloway
LOCATION (City, town, or county) Shenandoah Md (State)
DATE REC'D BY LOCAL REGISTRAR 1-14-54
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR Ray W Barber
ADDRESS Laytonsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
LENGTH OF STAY (in this place) 39 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 612 Sligo Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring X
STREET ADDRESS (If rural give location) 612 Sligo Avenue

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Winfield (Last) Mitchell
4. DATE OF DEATH: (Month) Jan. (Day) 20 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: July 17, 1884
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Machinist
10b. KIND OF BUSINESS OR INDUSTRY: Naval Research Lab.
11. BIRTHPLACE (State or foreign country): Boone Creek, Tennessee
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William Taylor Mitchell
14. MOTHER'S MAIDEN NAME: Lenore Clark
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-14-5362
17. INFORMANT & ADDRESS: Mrs. Albina S. Mitchell, 612 Sligo Ave. Silver Spring, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset And Death: 42 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hypertension — 10 years
DUE TO (c) Atherosclerosis.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 18, 1954, to Jan. 20, 1954, that I last saw the deceased alive on Jan. 20, 1954, and that death occurred at 7:10 a.m., from the causes and on the date stated above.

SIGNATURE Dr. Etienne Szollosi (Degree or title) MD. ADDRESS 11301 Georgia Av. DATE SIGNED Jan. 20 - 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1/23/54
NAME OF CEMETERY OR CREMATORY Colesville Cemetery
LOCATION (City, town, or county) (State) Montgomery County, Md.

DATE REC'D BY LOCAL REGISTRAR Jan 23/54
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Warner E. Humphrey ADDRESS 8434 Georgia Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr. Broschart was notified and approved.
Dr. Etienne Szollosi

DR ETIENNE SZOLLOSI
PHONE: LOCKWOOD 4-7871

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The accuracy is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Glen

LENGTH OF STAY (in this place) 3 weeks

HOSPITAL OR INSTITUTION OR STREET ADDRESS Forest Glen Villa Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: same

STATE Silver Spring — COUNTY MONTG.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring

STREET ADDRESS (If rural give location) 723 Silver Spring Ave

3. NAME OF DECEASED: (Type or Print) (First) HARVEY (Middle) W (Last) MORAN.

4. DATE OF DEATH: (Month) JAN. (Day) 18 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: Oct 27, 1869

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: RETIRED

11. BIRTHPLACE (State or foreign country): Loudon Co., Va

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: FRANK MORAN

14. MOTHER'S MAIDEN NAME: MARY Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: Melvin Moran (son) 723 Silver Spring Ave, S.S. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia, chronic — Interval Between Onset And Death: 1 year

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arteriosclerotic kidneys — years

DUE TO

(c) Generalized arteriosclerosis — years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 12, 1951, to Jan 18, 1954, that I last saw the deceased alive on Jan 16, 1954, and that death occurred at 4:30 pm 1/18/54, from the causes and on the date stated above.

SIGNATURE (Degree or title) Aaron H. Traum MD. ADDRESS 8237 Georgia Ave Silver Spring Md DATE SIGNED Jan 18 1954

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF 1/21/54 — NAME OF CEMETERY OR CREMATORY George Washington — LOCATION (City, town, or county) (State) Pr Geo Co., Md.

DATE REC'D BY LOCAL REGISTRAR 1-20-54 — REGISTRAR'S SIGNATURE Frances Ritter

24. FUNERAL DIRECTOR W.W. Chambers Co ADDRESS Riverdale, Md

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8117 Hammond Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural give location) 8117 Hammond Avenue

3. NAME OF DECEASED: (Type or Print) (First) DONALD (Middle) FREDERICK (Last) MORGAN

4. DATE OF DEATH: (Month) Jan. (Day) 12 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: December 12, 1946

9. AGE Last Birthday: 7 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State of foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Raymond Morgan

14. MOTHER'S MAIDEN NAME: Ruth Estelle Mc

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Charles K. Morgan, 8117 Hammond Ave. T.P. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
744.1 Immediate cause	(a) Acute Myocardial Failure	24 hrs
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Muscular Dystrophy	5-6 yrs
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19..., to 12 Jan..., 1954, that I last saw the deceased alive on 12 Jan..., 1954, and that death occurred at 8:55 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) M. B. Queen M.D. — ADDRESS 7112 Willow Ave Takoma Park Md — DATE SIGNED 12 Jan 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Jan. 15, 1954 — NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery — LOCATION (City, town, or county) (State) Prince George County, Md.

DATE REC'D BY LOCAL REGISTRAR Jan 15 1954 — REGISTRAR'S SIGNATURE J. Walton Dodd

24. FUNERAL DIRECTOR J. Arthur Walters — ADDRESS 254 Carroll St NW Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 334

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Type or age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery 9810 Georgia Ave MARYLAND; CITY (If outside corporate limits, write RURAL) OR TOWN SILVER SPRING; LENGTH OF STAY (in this place) 10 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Maple Lane Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY MONTGOMERY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER SPRING, MD; STREET ADDRESS (If rural, give location) 9810 GEORGIA AVE

3. NAME OF DECEASED: (Type or Print) (First) JEAN (Middle) (Last) MORRIS

4. DATE OF DEATH: (Month) JAN. (Day) 19 (Year) 1954

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED

8. DATE OF BIRTH: 2-7-1856

9. AGE Last birthday: 97 yrs. If under 1 year: Months 11 Days 17. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: NONE

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): XENIA OHIO

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Morris

14. MOTHER'S MAIDEN NAME: Jeannie Hardy Morris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If NO (If Yes, give war or dates of service) NO

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: Betty Mackey 2700 Que St. N.W.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ACUTE MYOCARDITIS

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) CHRONIC MYOCARDITIS

DUE TO (c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. SENILITY

19a. DATE OF OPERATION: NONE

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) NONE

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) NONE m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MARCH 1, 1947, to JAN. 19, 1954, that I last saw the deceased alive on JAN. 19, 1954 and that death occurred at 1:15 P.M., from the causes and on the date stated above.

SIGNATURE Henry Lovelace (Degree or title) M.D. ADDRESS 5206 Connecticut Ave. Chevy Chase, Md. DATE SIGNED 1/19/54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 1-20-54 NAME OF CEMETERY OR CREMATORY CEDAR HILL LOCATION (City, town, or county) SUITLAND, (State) MD.

DATE REC'D BY LOCAL REGISTRAR 1-20-54 REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR W.W. Chambers Co. ADDRESS 3072-M-ST NW WASHINGTON D.C.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) [illegible]esda rural X — LENGTH OF STAY (in this place) 1 day	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington 22 D.C.
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible]	STREET ADDRESS (If rural give location) [illegible]

3. NAME OF DECEASED: (Type or Print) (First) [illegible] (Middle) [illegible] (Last) [illegible]	4. DATE OF DEATH: (Month) [illegible] (Day) [illegible] (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
[illegible]le	White	Single	January 26, 1954	yrs.			21	[illegible]

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
		District of Columbia	US

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Edward S. Munney	Sarah S. Condra

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
4 No	- - -	- - -	Father: Edward S. Munney

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Atelectasis — Interval Between Onset And Death: less than 24 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Prematurity

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
[illegible]		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to [illegible], 19[illegible], that I last saw the deceased alive on [illegible], 1954, and that death occurred at 7:[illegible] a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
[illegible]	U.S. Naval Hospital, [illegible], Bethesda, Maryland	[illegible]

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	28 January 1954	Arlington National	Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
[illegible]	Mary E. Farrelly	[illegible] Avenue, Bethesda, Maryland	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 212

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Boyds
LENGTH OF STAY (in this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Potomac
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Harrison Myers

4. DATE OF DEATH: (Month) (Day) (Year) Jan 27 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced
8. DATE OF BIRTH: July 12-1881
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Carpenter, [redacted] employed
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Oliver Myers
14. MOTHER'S MAIDEN NAME: Alice Harrison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 1 (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 578-01-2807
17. INFORMANT & ADDRESS: Mrs Baker Selby, Boyds, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 4221 (a) Coronary Occlusion — Interval Between Onset And Death: Less than one hour

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Coronary arteriosclerosis — 5 years

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to 27 Jan, 1954, that I last saw the deceased alive on 26 Jan, 1954, and that death occurred at 7:30 AM, from the causes and on the date stated above.

SIGNATURE Gordon M Smith (Degree or title) M.D. ADDRESS Barnesville DATE SIGNED 28 Jan 54

23. BURIAL, CREMATION, REMOVAL (Specify) Buried
DATE THEREOF 1/30/54
NAME OF CEMETERY OR CREMATORY Potomac Methodist
LOCATION (City, town, or county) Potomac Md (State)

DATE REC'D BY LOCAL REGISTRAR Jan. 29, 1954
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR William B. Hilton ADDRESS Barnesville, Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01070

CERTIFICATE OF DEATH

Reg. Dist. No. 2.17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Olney, Maryland. — LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible] CO. [illegible] INC.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Derwood
STREET ADDRESS (If rural give location) Route #1

3. NAME OF DECEASED: (Type or Print) (First) Clara (Middle) Rebecca (Last) Nicholson
4. DATE OF DEATH: (Month) January (Day) 30 (Year) 19 54
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: June 3, 1871
9. AGE Last birthday: 82 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William A. Holland
14. MOTHER'S MAIDEN NAME: Margaret Ayers
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death
331X
Immediate cause (a) Cerebral Hemorrhage — 13 days
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Arteriosclerosis - Hypertension — years
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 20, 19 54, to Jan 30, 19 54, that I last saw the deceased alive on Jan 29, 19 54, and that death occurred at 6:15 AM, from the causes and on the date stated above.
SIGNATURE (Degree or title) Richard A. Yates M.D. — ADDRESS Olney Md. — DATE SIGNED Jan 30 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Feb 1 54 — NAME OF CEMETERY OR CREMATORY St Johns Olney Md — LOCATION (City, town, or county) (State) Montgomery Co Md
DATE REC'D BY LOCAL REGISTRAR Jan 31-54 — REGISTRAR'S SIGNATURE Gertrude B Fawler — 24. FUNERAL DIRECTOR Roy W Barber — ADDRESS Laytonsville Md

VS. A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) [illegible]
LENGTH OF STAY (in this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE [illegible] COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) [illegible]
STREET ADDRESS (If rural give location) [illegible] Veezey N.W.

3. NAME OF DECEASED: (Type or Print) (First) [illegible] (Middle) [illegible] (Last) [illegible]

4. DATE OF DEATH: (Month) [illegible] (Day) [illegible] (Year) 19[illegible]

5. SEX: [illegible]
6. COLOR OR RACE: [illegible]
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible]
8. DATE OF BIRTH: [illegible]
9. AGE last birthday: [illegible] yrs. IF UNDER 1 YEAR Months [illegible] Days [illegible] IF UNDER 24 HRS. Hours [illegible] Min. [illegible]

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner
10b. KIND OF BUSINESS OR INDUSTRY: U.S.Navy
11. BIRTHPLACE (State or foreign country): New York, New York.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John J. O'Brien
14. MOTHER'S MAIDEN NAME: Roseanne Collin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) [illegible] (If Yes, give war or dates of service) [illegible]
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: [illegible] Utah Str [illegible] Son: Gerard J. O'Brien [illegible]

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

162 X

Immediate cause (a) Bronchogenic Carcinoma with metastasis — Interval Between Onset And Death: 4 months

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: [illegible]
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to [illegible], 19[illegible] that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at [illegible], from the causes and on the date stated above.

SIGNATURE W. L. Chapman (Degree or title) [illegible] U.S. Naval Hospital, TMC, Bethesda, Maryland. ADDRESS DATE SIGNED [illegible]

23. BURIAL, CREMATION, REMOVAL (Specify) [illegible]
DATE THEREOF [illegible]
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) (State) [illegible]

DATE REC'D BY LOCAL REGISTRAR [illegible]
REGISTRAR'S SIGNATURE Mary E. Gravelly
24. FUNERAL DIRECTOR Devol Funeral Home, 2224 Wisconsin Avenue, [illegible]
ADDRESS [illegible]

RECEIVED
JAN 21 1954
BUREAU V.S

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (In this place) 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5508 Park St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 5508 Park St

3. NAME OF DECEASED (Type or Print) (First) Katherine (Middle) (Last) O'Halloran

4. DATE OF DEATH (Month) Jan (Day) 4 (Year) 1954

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 9-17-1870
9. AGE last birthday 83 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Ireland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Malachy O'Loghlin
14. MOTHER'S MAIDEN NAME Hogan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Helen M O'Reilly 5508 Park St Chevy Chase Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead in bed

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J Broschart M.D. ADDRESS Gaithersburg Md DATE SIGNED 1-4-54

23. BURIAL, CREMATION REMOVAL (Specify) removal
DATE THEREOF 1-4-54
NAME OF CEMETERY OR CREMATORY St. John's Cemetery
LOCATION (City, town, or county) (State) Long Island, New York

DATE REC'D BY LOCAL REG. 1-4-54
REGISTRAR'S SIGNATURE Bessie M Thompson
24. FUNERAL DIRECTOR Francis J. Collins ADDRESS 3821-14th St. N.W. Wash D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH COUNTY: Mont Forney MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase X — LENGTH OF STAY (in this place): 10 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase X
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6024 - Western Ave X	STREET ADDRESS (If rural give location): 6024 Western ave.

3. NAME OF DECEASED (Type or Print) (First) Stayd (Middle) W (Last) Ocasons		4. DATE OF DEATH (Month) Jan (Day) 12 (Year) 1954	
5. SEX: M	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: Aug 11 - 1894
9. AGE last birthday: 59 yrs.	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bellmy	10b. KIND OF BUSINESS OR INDUSTRY: U.S. Government	11. BIRTHPLACE (State or foreign country): Ky	12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Michael Ocasons		14. MOTHER'S MAIDEN NAME: Eddie Watson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW#1	16. SOCIAL SECURITY No.	17. INFORMANT: Mrs Ocasons (Widow)	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a) 420.1	Acute Dilatation of Heart	0
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Congestive Heart Failure	1 Year
(c)	Acute Myocardial Infarction	6/15/1944

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None	19b. MAJOR FINDINGS OF OPERATION: —	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from June 6, 1944, to Jan 12 1954 that I last saw the deceased alive on Jan 8, 1954, and that death occurred at 11:30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William D. Gill	M.D.	1746 - K Street N.W.	1/12/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: 1-15-54	NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery	LOCATION (City, town, or county) (State): Prince Georges Co. Maryland
DATE REC'D BY LOCAL REG.: 1/13/54	REGISTRAR'S SIGNATURE: Bessie M. Thompson	24. FUNERAL DIRECTOR: The S. H. Hines Co.	ADDRESS: 2901-14th St. N.W. Washington 9 D.C.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Bethesda | LENGTH OF STAY (in this place) 1 Y
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8400 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 9406 Russell Rd.

3. NAME OF DECEASED: (Type or Print) (First) Patrick (Middle) Joseph (Last) O'Sullivan Jr.

4. DATE OF DEATH (Month) Jan. (Day) 10th (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 1 1900

9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Plumber

10b. KIND OF BUSINESS OR INDUSTRY: Plumbing contractor

11. BIRTHPLACE (State or foreign country): Ireland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Patrick J. O'Sullivan

14. MOTHER'S MAIDEN NAME: Bridget O'Connor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) ?

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Patrick Joseph O'Sullivan Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Massive Subdural Hemorrhage	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Comminuted Fracture L. Skull (Left)	4 days
	DUE TO (c) Laceration Scalp	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: —

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☒ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Home

21c. (City or town) Silver Spring (County) Monty (State) Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 1-6-54 - 3:30 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Fell on cement in front of his home

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Boscherart M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 1-10-54

23. BURIAL, CREMATION, REMOVAL (Specify): | **DATE THEREOF** 1-13-54 | **NAME OF CEMETERY OR CREMATORY** Mt. Olivet Cemetery | **LOCATION** (City, town, or county) Wash. D.C. (State)

DATE REC'D BY LOCAL REG. 1/11/54 | **REGISTRAR'S SIGNATURE** Bessie [illegible] | **24. FUNERAL DIRECTOR** Thos. B. Hanlon | **ADDRESS** 3431 Georgia Ave. N.W. D.C.

JAN

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town): Bethesda X

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Montg.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda X

STREET ADDRESS (If rural give location): 5815 Wyngate Drive

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
George	Washington	PARK	Jan	23	19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	Feb. 22, 1903	50 yrs.	12	0		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Contractor	Self-employed	Cedar Rapids, Iowa	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Wm. Fletcher Park	Mary Slater

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	579-07-4806	Mrs. M.E. Park- Same Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Coronary Thrombosis — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Arteriosclerotic Heart Disease — DUE TO

(c)

Interval Between Onset And Death: (a) 24 hrs. (b) 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma Lung with General

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Jan. 14. 1954	Cancer Lung	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1945, to Jan. 1954, that I last saw the deceased alive on Jan 22, 1954, and that death occurred at 7 05 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): [signature] — ADDRESS: 8016 Hampden Lane — DATE SIGNED: 1/23/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/26/1954	Parklawn	Rockville Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/24/54	Bessie M. Thompson	Robert A. Pumphrey	Bethesda, Md.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney X
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Montgomery County General Hospital, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brookeville X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Addie (Middle) Craver (Last) Parsley
4. DATE OF DEATH: (Month) January (Day) 16 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 1/8/83
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: David Craver
14. MOTHER'S MAIDEN NAME: Joanna Catherine Stull
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

175 X

Immediate cause (a) Carcinoma Left Ovary with Metastases — 8 mos

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) DUE TO (c) Intestinal Obstruction — 10 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/11, 1954, to 1/16, 1954, that I last saw the deceased alive on 1/15, 1954 and that death occurred at 5:40 a.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Sandy Spring DATE SIGNED 1/16/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Jan 18 54 NAME OF CEMETERY OR CREMATORY Salem Brookeville LOCATION (City, town, or county) Montg. Co. (State) Md

DATE REC'D BY LOCAL REGISTRAR 1-17-54 REGISTRAR'S SIGNATURE Gertrude B Lawler

24. FUNERAL DIRECTOR Roy W. Barber ADDRESS Laytonsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Film#G161 Item# 9 2/1/54 emf

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery Co. — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Springs Md — LENGTH OF STAY (in this place) 1 yr	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Springs Md
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8806 Leonard Drive	STREET ADDRESS (If rural, give location) 8806 Leonard Drive

3. NAME OF DECEASED (Type or Print) (First) CONRAD (Middle) LEWIS (Last) PAXTON			4. DATE OF DEATH (Month) JANUARY (Day) 17th (Year) 1954	
5. SEX MALE	6. COLOR OR RACE White	7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~ (Specify) widowed	8. DATE OF BIRTH Dec 31, 1887	9. AGE last birthday 66/67 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Naval Gun Factory Retired	10b. KIND OF BUSINESS OR INDUSTRY U.S. Government		11. BIRTHPLACE (State or foreign country) New Jersey	12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Lewis Paxton			14. MOTHER'S MAIDEN NAME Carrie Rockhill	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 4	(If year, give war or dates of service) none	16. SOCIAL SECURITY NO. —	17. INFORMANT AND ADDRESS Edith Gates Silver Springs Md.	

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 331X		
Immediate cause (a)	Cerebral Vascular Accident (Cerebral Thrombosis)	1 week
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Essential Hypertension	3 yrs.
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Terminal bronchopneumonia	2 days.

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —	(CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at ~~Not While~~ Work ☐ At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from June, 1953, to Jan 17, 1954, that I last saw the deceased alive on Jan 16, 1954, and that death occurred at 12.45 p.m., from the causes and on the date stated above.

SIGNATURE Samuel Dove (Degree or title) - M.D. ADDRESS - 1801 Eye St, N.W. - Wash D.C. DATE SIGNED 1/17/54

23. ~~BURIAL, CREMATION~~ REMOVAL (Specify) Transportation	DATE 1/19/54	NAME OF CEMETERY OR ~~CREMATORY~~ Allentown	LOCATION (City, town, or county) New Jersey (State)
DATE REC'D BY LOCAL REG. 1/18/54	REGISTRAR'S SIGNATURE Amanda Downey	24. FUNERAL DIRECTOR F. Gaede sons. Hyattsville Md	ADDRESS

1/20/54

Frances [illegible]

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 212

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beallsville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 28

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beallsville
STREET ADDRESS (If rural, give location) Route #28

3. NAME OF DECEASED (Type or Print): (First) Bainum (Middle) (Last) Payne

4. DATE OF DEATH: (Month) Jan. (Day) 15 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Mar. 15, 1903

9. AGE last birthday: 50 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Henry Payne

14. MOTHER'S MAIDEN NAME: Julia Harper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Albert Payne Poolesville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary occlusion — Interval between onset and death: and suddenly

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank J. Broshart M.D. Gaithersburg Md 1-15-54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 1/18/54 NAME OF CEMETERY OR CREMATORY Jerusalem LOCATION (City, town, or county) (State) Poolesville, Md

DATE REC'D BY LOCAL REG. Jan. 17 1954 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Robert L. Snouder ADDRESS

RECEIVED
JAN 20 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 218

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gaithersburg
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 205 S. Summit Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gaithersburg
STREET ADDRESS (If rural, give location): 205 S. Summit Ave.

3. NAME OF DECEASED (Type or Print): (First) George (Middle) (Last) PETER

4. DATE OF DEATH: (Month) Jan. (Day) 13, (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 9, 1894

9. AGE last birthday: 59 yrs. If under 1 year: Months 3, Days 4. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret.-Clerk

10b. KIND OF BUSINESS OR INDUSTRY: County Gov't.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Edward Peter

14. MOTHER'S MAIDEN NAME: Mary Gordon Vinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of) WW I

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Blanche Peter-Item# 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive heart failure	1 month
526X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Emphysema + Bronchiectasis	5 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 50 19, to Jan. 13, 19 54 that I last saw the deceased alive on Jan. 13, 19 54 and that death occurred at 1:45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wm. P. Smithson, M.D. Rockville, Md. 1/13/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 1-15-54 — NAME OF CEMETERY OR CREMATORY: Rockville Union — LOCATION (City, town, or county) (State): Rockville, Md.

DATE REC'D BY LOCAL REG.: Jan. 14, 1954 — REGISTRAR'S SIGNATURE: Edward L. Cooke

24. FUNERAL DIRECTOR: Robert E. Pumphrey — ADDRESS: Bethesda, Md.

RECEIVED
V. S.

0003

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 6 days - 16 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 4418 9th Street N.W. ✓

3. NAME OF DECEASED (Type or Print): (First) Frederick (Middle) Lafayette (Last) Phipps
4. DATE OF DEATH: (Month) 1 (Day) 20 (Year) 54

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 4-27-72
9. AGE last birthday: 81 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired govt employee
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elias J Phipps
14. MOTHER'S MAIDEN NAME: Minerva Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS: Daughter - Mrs Lewis Lee - same as above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
900.0 Immediate cause	(a) Cerebral Hemorrhage	13 days
Antecedent cause(s)	(b) Hemiplegia, right	13 days
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Fracture Occipital bone	14 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE): Washington D C
TIME OF INJURY (Month) (Day) (Year) (Hour): 1-8-54 10 a.m.
INJURY OCCURRED While at Work ☐ Not While At work ✗
HOW DID INJURY OCCUR? By fall downstairs steps

22. I hereby certify that I attended the deceased from Jan 9, 1954, to Jan 20, 1954 that I last saw the deceased alive on Jan 20, 1954 and that death occurred at 12 45 A m., from the causes, and on the date stated above.
SIGNATURE (Degree or title) J H Bledsoe md ADDRESS 9500 Colesville Rd DATE SIGNED 1-20-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 1-23-1954
NAME OF CEMETERY OR CREMATORY: Rock Creek Cemetery
LOCATION (City, town or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG.: Jan 20-1954
REGISTRAR'S SIGNATURE: J. Milton Dodd
FUNERAL DIRECTOR: W. M. Deal - 4812
ADDRESS: Ga. Ave. N.W. Washington D.C.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21-8

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A11

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg (rural) — LENGTH OF STAY (in this place) X yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY Same
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Gaithersburg
STREET ADDRESS (If rural give location) Route 3

3. NAME OF DECEASED: (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
	Elara	L.	Plummer	Jan.	3	1954

5. SEX:	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Married	July 12 1871	82 yrs.	4	22		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
At home	Farmer - Beefing	Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Wesley Foreman	Mattie Warren

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	none	Mary Young (sister) Gaithersburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X
Immediate cause (a) Cerebral hemorrhage (hemiplegia) — Interval Between Onset And Death: 16 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec. 18, 1953, to Jan. 3, 1954, that I last saw the deceased alive on Jan. 3, 1954, and that death occurred at 2 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William E. Miller	M.D.	7 Brooke ave, Gaithersburg, Md	1/4/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Jan 7, 1954	Rocky Hill Cem.	Clarksburg	Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 4, 1954	Arnold G. Cooke	Robert L. Saunders	Rock. Md

BUREAU V. S.

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH- COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park — LENGTH OF STAY (in this place): 177 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Sanitarium + Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED- STATE: Washington, D.C. — COUNTY: D.C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington — 47X-3
STREET ADDRESS (If rural, give location): 1353 Rittenhouse St. N.W. ✓

3. NAME OF DECEASED (Type or Print) (First): Anna (Middle): Elizabeth (Last): Pollard

4. DATE OF DEATH (Month): 1 (Day): 20 (Year): 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 3-28-1872
9. AGE last birthday: 81 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Goverment Employee
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Phillip Pollard
14. MOTHER'S MAIDEN NAME: Mary Random

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Washington Sanitarium + Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X Immediate cause (a) Cerebral hemorrhage — 2 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerosis, cerebral & general — unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 24, 1953, to Jan. 20, 1954, that I last saw the deceased alive on Jan 20, 1954, and that death occurred at 8:45 A m., from the causes and on the date stated above.

SIGNATURE: Lance J. Maloney Jr. (Degree or title) MD — ADDRESS: Takoma Park MD — DATE SIGNED: Jan. 20, 1954

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Jan 22, 1954 — NAME OF CEMETERY OR CREMATORY: Oak Hill — LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG.: Jan. 20 1954 — REGISTRAR'S SIGNATURE: J. Wilson Dodd

24. FUNERAL DIRECTOR: W.W. Chambers Co. — ADDRESS: 3072 M. St. N.W. Wash., D.C.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—~~BALTIMORE, 18~~

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 103 Quincy Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural give location) 103 Quincy Street

3. NAME OF DECEASED: (Type or Print) (First) SOPHIE (Middle) ANNA (Last) PREHN

4. DATE OF DEATH: (Month) JAN (Day) 21 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Aug. 7, 1866	87 yrs.	5 / 14	

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Germany	US

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Unknown	? Dralle

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No	None	Yoneji Inazawa-Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Myocardial Infarction	18 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Coronary Thrombosis	18 days
	DUE TO (c) Coronary Arteriosclerosis	10 yrs

420.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/3, 1954, to 1/21, 1954, that I last saw the deceased alive on 1/21, 1954, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
William Robert Perkins M.D. — 1465 Rhode Island Ave NW. Wash. D.C. — 1-21-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-25-54	Parklawn	Rockville, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/23/54	Bessie M. Thompson	Robert A Pumphrey	Bethesda, Md.

RECEIVED
JAN
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda rural X
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dalgren Naval [illegible]
STREET ADDRESS (If rural give location) [illegible]

3. NAME OF DECEASED: (Type or Print) (First) Gerald (Middle) Edward (Last) Prise

4. DATE OF DEATH: (Month) January (Day) 19 (Year) 19

5. SEX: Male
6. COLOR OR RACE: [illegible]
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible]
8. DATE OF BIRTH: [illegible]
9. AGE last birthday: [illegible] yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Bethesda, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Edward William Prise
14. MOTHER'S MAIDEN NAME: Rosmarie Reed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: U.S. Naval [illegible] Father: Edward William Prise Dalgren Virginia

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

490 X

Immediate cause (a) Pneumo-thorax, spont. — Interval Between Onset And Death: 2 min.

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Pneumonia, staphlococcic — 2 days

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 17, 19[illegible], to Jan. [illegible], 19[illegible], that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at 11:40 AM, from the causes and on the date stated above.

[illegible] Randall
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[illegible], U.S. Naval Hospital, [illegible], Bethesda, Maryland. [illegible] January [illegible]

23. BURIAL, CREMATION, REMOVAL (Specify)
DATE THEREOF Jan. [illegible]
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) Arlington, Virginia (State)
DATE REC'D BY LOCAL REGISTRAR [illegible]
REGISTRAR'S SIGNATURE Mary C. Farrelly
24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 21 1954
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8517 Hazelwood Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 8517 - Hazelwood Drive

3. NAME OF DECEASED (Type or Print) (First) KATHLEEN (Middle) B. (Last) PROBEY
4. DATE OF DEATH (Month) JAN. (Day) 4, (Year) 1954
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Oct. 30, 1893
9. AGE last birthday 60 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Georgetown, DC
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Curtin
14. MOTHER'S MAIDEN NAME Catherine Carry
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Thomas F. PROBEY

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
153X Immediate cause	(a)	Sepsis	1 wk
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Carcinomatosis	2 yrs.
	(c)	Carcinoma of Sigmoid Colon	3 yrs +

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Parkinsons Disease

19a. DATE OF OPERATION Nov 1950
19b. MAJOR FINDINGS OF OPERATION Carcinoma of Colon
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1946 to Jan 4, 1954, that I last saw the deceased alive on Jan 3, 1954 and that death occurred at 3:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Thos. F. Kathleen M.D. ADDRESS 1150 Conn Ave N.W. DATE SIGNED 1/4/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1-7-54
NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery
LOCATION (City, town, or county) (State) Washington DC

DATE REC'D BY LOCAL REG. 1/5/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR H. Don DeVol ADDRESS 2224 - Wis Ave Washington, D.C.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 7 1954
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 3/6

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Bethesda
LENGTH OF STAY (in this place) 1 Da. 4 Mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
STREET ADDRESS (If rural give location) 5108 Saratoga Ave.

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Grinnw (Last) Pyles
4. DATE OF DEATH: (Month) Jan. (Day) 21 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar. 14-1888
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months 10 Days 7 IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: House Painter.
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Wm. Pyles.
14. MOTHER'S MAIDEN NAME: Louise Paxton. 5108 Saratoga Ave Bethesda Md.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: None.
17. INFORMANT & ADDRESS: Wife Mrs Marie Pyles.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) Congestive Heart Failure — Interval Between Onset And Death: 3 days
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Arteriosclerosis Heart Disease Many years
DUE TO
(c)
10 to many years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1954, to Jan. 1954, that I last saw the deceased alive on Jan. 21, 1954, and that death occurred at 3:55 P.M. from the causes and on the date stated above.
SIGNATURE Ed Crimm MD (Degree or title) ADDRESS 8016 Lempster Rd DATE SIGNED 1/23/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 1/25/1954
NAME OF CEMETERY OR CREMATORY: Cedar Hill
LOCATION (City, town, or county) (State): Prince George Maryland
DATE REC'D BY LOCAL REGISTRAR: 1/23/54
REGISTRAR'S SIGNATURE: Bessie M. Thompson
24. FUNERAL DIRECTOR: Roberts A. Pumphrey
ADDRESS: Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. S.

OC

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Pk; LENGTH OF STAY (in this place) 4 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS 7422 Piney Branch Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY MONTGOMERY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park - Md.; STREET ADDRESS (If rural give location) 7422 Piney Branch Rd.

3. NAME OF DECEASED (Type or Print): (First) LAURA (Middle) MAY (Last) RAGLAND.

4. DATE OF DEATH: (Month) Jan (Day) 26 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: NOV. 26, 1882

9. AGE last birthday: 71 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): WASHINGTON, D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: FRANKLIN P JACOBS

14. MOTHER'S MAIDEN NAME: HENRIETTA SKIDMORE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: NO

17. INFORMANT: Mrs Adeline R Gooch

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Left Heart Failure — Interval Between Onset and Death: 12 hrs.

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive Heart Disease — 10-12 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 May, 1953, to 26 Jan., 1954, that I last saw the deceased alive on 25 Jan, 1954, and that death occurred at 2 20 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

G B Leeder M.D. 7112 Willow Ave. Takoma Park Md 26 Jan '54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE: 1/29/54; NAME OF CEMETERY OR CREMATORY: Rock Creek; LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG.: Jan 26 1954; REGISTRAR'S SIGNATURE: J. Nelson Dodd

24. FUNERAL DIRECTOR: W W Chambers Co; ADDRESS: 1400 Chapin St NW Wash D C

VS. A15

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07

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

COUNTY Montgomery MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) [illegible] rural X

LENGTH OF STAY (in this place) [illegible]

HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital 50

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Alabama COUNTY

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Huntsville

STREET ADDRESS (If rural give location) 416 Randolph Street

3. NAME OF DECEASED: (Type or Print) (First) Dana (Middle) Catharine (Last) Reeves

4. DATE OF DEATH: (Month) January (Day) 8 (Year) 19

5. SEX: [illegible]

6. COLOR OR RACE: [illegible]

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible]

8. DATE OF BIRTH: [illegible]

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): [illegible]

10b. KIND OF BUSINESS OR INDUSTRY: [illegible]

11. BIRTHPLACE (State or foreign country): Huntsville, Alabama

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Ramon Reeves

14. MOTHER'S MAIDEN NAME: Catharine Dunnavant

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Father: Ramon Reeves Same as #2 above.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

229X

Immediate cause (a) Cardiac Arrest — Interval Between Onset And Death: 0

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Abdominal Decompression — 3 min

DUE TO

(c) Pre sacral teratoma — 3 days

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: [illegible]

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 7, 1954, to Jan. 8, 1954, that I last saw the deceased alive on Jan. 8, 1954, and that death occurred at [illegible], from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) U.S. Naval Hospital, [illegible], Bethesda, Maryland ADDRESS DATE SIGNED [illegible]

23. BURIAL, CREMATION, REMOVAL (Specify) [illegible]

DATE THEREOF [illegible] 9, [illegible]

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State) Huntsville, Alabama

DATE REC'D BY LOCAL REGISTRAR [illegible]

REGISTRAR'S SIGNATURE Mary E. Carrelly

24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible] Avenue, Bethesda, Maryland.

7V 499V 99V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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The correct age is 75

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. If not known, state so. Do not leave blanks. Answer "None" where necessary. Items 1 to 17 must be completed in all cases. Item 18 must be completed in all cases where a medical practitioner was in attendance during the last illness. Items 19 to 24 must be completed in all cases where the deceased was employed at the time of death, or was a housewife, or was a child. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11063

Reg. Dist. No. 22B

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park — LENGTH OF STAY (In this place) 3 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 41 Philadelphia Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural give location) 41 Philadelphia Avenue

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) EVERETT (Last) RENNIE, SR.

4. DATE OF DEATH: (Month) Jan. (Day) 28 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: August 28, 1890

9. AGE last birthday: 63 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Proof Reader

10b. KIND OF BUSINESS OR INDUSTRY: Printing

11. BIRTHPLACE (State or foreign country): Connelton, Indiana

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William Rennie

14. MOTHER'S MAIDEN NAME: Theresa Harp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 578-32-2021.

17. INFORMANT: Lorena K. Rennie, 41 Philadelphia Ave T.P.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Coronary Thrombosis (2nd attack) — Interval between onset and death: 30 Min.

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Coronary Artery Insufficiency — 8-10 Yrs.

(c) Arteriosclerosis, Generalized — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 24 May, 1953, to 28 Jan, 1954, that I last saw the deceased alive on 28 Jan, 1954, and that death occurred at 5-55 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. B. Rieller M.D. 7112 Willow Ave Takoma Park, Md 28 Jan 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: February 1, 1954 — NAME OF CEMETERY OR CREMATORY: Rock Creek Cemetery — LOCATION (City, town, or county): Washington, (State): D. C.

DATE REC'D BY LOCAL REG.: Jan 29 1954 — REGISTRAR'S SIGNATURE: J. Wilson Lord

24. FUNERAL DIRECTOR: J. Arthur Walters — ADDRESS: 254 Carroll St. NW Washington, D.C.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda X

LENGTH OF STAY (in this place) Life

HOSPITAL OR INSTITUTION OR STREET ADDRESS 4602 Montgomery Avenue X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bethesda X

STREET ADDRESS (If rural, give location) 4602 Montgomery Avenue

3. NAME OF DECEASED: (Type or Print) (First) Vernon (Middle) Ambrose (Last) Renshaw

4. DATE OF DEATH (Month) Jan (Day) 27 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 23, 1901

9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR Months 8 Days 4 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bethesda, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Wm. Renshaw

14. MOTHER'S MAIDEN NAME: Mary Moyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Gertrude Renshaw-Same Item #2-

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

976X

Immediate cause (a) Cerebral hemorrhage & laceration

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) bullet wound entering Rt temple

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: sudden death

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☒ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home

21c. (City or town) Bethesda (County) Montg (State) Md

21d. TIME OF INJURY (Month) 1-27-54 (Day) (Year) (Hour) 4 A.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Self inflicted bullet wound Rt temple

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Broschart M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 1-27-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 1/29/1954

NAME OF CEMETERY OR CREMATORY Ft. Lincoln

LOCATION (City, town, or county) Prince George (State) Maryland

DATE REC'D BY LOCAL REG. 1/27/54

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Roberts A. Humphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 225

1. PLACE OF DEATH:

COUNTY Montgomery MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park 11 — LENGTH OF STAY (in this place) 31 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. & Hosp. 30

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE — COUNTY — 421-3

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.

STREET ADDRESS (If rural, give location) 3022 Porter St.

3. NAME OF DECEASED: (Type or Print) (First) Laeta (Middle) Elizabeth (Last) Rixey

4. DATE OF DEATH: (Month) 1 (Day) 25 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 7-29-76

9. AGE last birthday: 77 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Rixey

14. MOTHER'S MAIDEN NAME: Frances Wise

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Hosp. Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

4201

Immediate cause (a) Congestive Heart Failure — weeks

DUE TO

Antecedent cause(s) (b) Hypertension & Arteriosclerotic Heart Disease — years

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c) Uremia — weeks

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death Diabetes Mellitus — years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-21, 1954, to 1-25, 1954, that I last saw the deceased alive on 1-24, 1954, and that death occurred at 5:15 3A m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

De Voe K. Meade M.D. Takoma Park 12, Md. 1-25-54

23. BURIAL, CREMATION REMOVAL (Specify): Removal & Burial

DATE THEREOF 1-27-54

NAME OF CEMETERY OR CREMATORY Fairview

LOCATION (City, town, or county) (State) Culpeper, Va.

DATE REC'D BY LOCAL REG. Jan 25 1954

REGISTRAR'S SIGNATURE J. Wilson Dodd

24. FUNERAL DIRECTOR The S. H. Hines Co. ADDRESS 2901-14th St. N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney, Maryland. LENGTH OF STAY (in this place) 1 hour X
HOSPITAL OR INSTITUTION OR STREET ADDRESS MONT[illegible]TY CO. GEN'L HOSPITAL, INC.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sandy Spring
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) FRANCIS (Middle) Pole (Last) Robison

4. DATE OF DEATH: (Month) January (Day) 10 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 23, 1879

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James M. Robison

14. MOTHER'S MAIDEN NAME: Sophia M. Fakes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.1 (a) Coronary Occlusion DUE TO — Interval Between Onset And Death: 30 min.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic Myocarditis DUE TO — guess

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☒ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/9/54, to 1/10/54, that I last saw the deceased alive on 1/10/54, and that death occurred at 2:30 PM from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS Sandy Spring DATE SIGNED 1/12/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Jan 12/54 — NAME OF CEMETERY OR CREMATORY Friends Meeting House — LOCATION (City, town, or county) (State) Sandy Spring Md

DATE REC'D BY LOCAL REGISTRAR Jan 12-54 — REGISTRAR'S SIGNATURE Gertrude B Fawler

24. FUNERAL DIRECTOR Roy W. Barber — ADDRESS Laytonsville Md

VS. A15

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BUREAU V. S.

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 2 hrs 50 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San + Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
STREET ADDRESS (If rural, give location) 7211 Willow Ave

3. NAME OF DECEASED (Type or Print) (First) Glenwood (Middle) Coblentz (Last) Roe

4. DATE OF DEATH (Month) 1 (Day) 19 (Year) 1954

5. SEX Male Male

6. COLOR OR RACE Cauc.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 3-3-91

9. AGE last birthday 62 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Para cutologist @ Food + Drug Admin.

10b. KIND OF BUSINESS OR INDUSTRY U.S. Govt.

11. BIRTHPLACE (State or foreign country) Indiana

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Frank R. Roe

14. MOTHER'S MAIDEN NAME Martha Coblentz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes. (If year, give war or dates of service) W.W.I

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

Immediate cause (a) congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Widespread metastases from — 3 yrs.

(c) carcinoma of colon to liver, etc.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 Jan., 1954, to 19 Jan., 1954, that I last saw the deceased alive on 19 Jan., 1954, and that death occurred at 2:45 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Ernest Ellamon MD. ADDRESS 7301 Colesville Rd Sil Spr DATE SIGNED 19 Jan 54

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE Jan. 22, 1954 NAME OF CEMETERY OR CREMATORY Arlington National Cemetery LOCATION (City, town, or county) Arlington (State) Virginia

DATE REC'D BY LOCAL REG. Jan. 19-1954 REGISTRAR'S SIGNATURE J. Wilson Dodd

24. FUNERAL DIRECTOR J. Arthur Walters, ADDRESS 254 Carroll St NW Takoma Park DC

MARGIN RESERVED FOR BINDING

1

RECEIVED

BUREAU V. S.

F-0716

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 516

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (in this place) 14 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 420 E. Leland St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural give location) 420 E. Leland St.

3. NAME OF DECEASED: (Type or Print) (First) Perley (Middle) John (Last) Rose
4. DATE OF DEATH: (Month) Jan. (Day) 13 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: June 8, 1878
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Lawyer
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Litchfield, Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Willis
14. MOTHER'S MAIDEN NAME: Mary J. Green

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes ✓ (If Yes, give war or dates of service) Spanish Cave
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: John A Rose, 2204 Observatory Pkwy NW Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 332X (a) Cerebral Artery Thrombosis — Interval Between Onset And Death: 1 day

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cerebral Artery Sclerosis — 5 yrs.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 12, 1954, to Jan 13, 1954, that I last saw the deceased alive on Jan 12 1954 and that death occurred at 7.40 AM, from the causes and on the date stated above.

SIGNATURE Robert T. Howell (Degree or title) M.D. ADDRESS 5516 Nebraska Ave-DC. DATE SIGNED 1-13-54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 1-15-54 NAME OF CEMETERY OR CREMATORY Arlington Cem. LOCATION (City, town, or county) Arlington (State) Va.

DATE REC'D BY LOCAL REGISTRAR 1/13/54 REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR The S H Ames Co ADDRESS 2801-14th St. NW Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. S.

0717

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WHITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (in this place) 2da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 4504 Clearfield Rd.

3. NAME OF DECEASED: (Type or Print) (First) Eugene (Middle) Mario (Last) Ruprecht

4. DATE OF DEATH: (Month) Jan. (Day) 31 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Infant.

8. DATE OF BIRTH: Jan 29-1954

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months Days 2 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Daniel Ruprecht

14. MOTHER'S MAIDEN NAME: Rosette Anselmo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Father. Joseph Ruprecht 4504 Clearfield Rd. Silver Spring Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Toxemia

Immediate cause (a) DUE TO Atelectasis - prematurity

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work [ ] Not While At Work [ ] — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/29 ,1954, to 1/31 ., 1954, that I last saw the deceased alive on 1/31 ., 1954, and that death occurred at 3:40 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Alice E. Cassidy MD — 5402 Conn. Ave. — 2/2/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2/3/54 — NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 2/4/54 — REGISTRAR'S SIGNATURE: Minnie M. Baumgrass

24. FUNERAL DIRECTOR — ADDRESS: W.E. Pumphrey 8434 Georgia Ave. Silver Spring, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda 15 mi. RURAL LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington 47X-3
STREET ADDRESS (If rural give location) 4837 - Western Ave. N.W.

3. NAME OF DECEASED: (Type or Print) (First) Patience (Middle) Rucker (Last) Salsbury
4. DATE OF DEATH: (Month) Jan. (Day) 6 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 8th 1888
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Retired
10b. KIND OF BUSINESS OR INDUSTRY: Government Secretary
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY: U.S.
13. FATHER'S NAME: Jesse Rucker
14. MOTHER'S MAIDEN NAME: Stella Green
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Maurice Salsbury

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Acute Congestive heart failure — Interval Between Onset And Death: 1-2 hr

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive heart disease

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1947, 19..., to 1954, 19..., that I last saw the deceased alive on Jan. 6, 1954, and that death occurred at 1:15 A.M. from the causes and on the date stated above.

SIGNATURE Elaine W Murphy MD (Degree or title) ADDRESS 4812 Ellicott St NW DATE SIGNED 1-6-54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 1-9-1954 NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory LOCATION (City, town, or county) Suitland (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 1/6/54 REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Joseph Gawler's Sons ADDRESS 1756 Pa. Ave. N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JUN 11 1914
BUREAU V. S.

06 5

Written permission received from both parents. [signature] Medical Record Librarian

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON SANITARIUM & HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville 11 15.
STREET ADDRESS (If rural, give location) 7906 14th Avenue

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Saunders

4. DATE OF DEATH: (Month) (Day) (Year) January 1 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: December 31, 1953

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months Days 1; IF UNDER 24 HRS.: Hours 2 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Montgomery Co., Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Oscar Strutz Saunders

14. MOTHER'S MAIDEN NAME: Betty Jane Hillard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Oscar S. Saunders (Father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
754.4 Immediate cause	(a) Congenital cardiac insufficiency	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Mitral Valve Vegetations (infectious?)	1 day.
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Mediastinal emphysema and partial atelectasis 1 day

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-31, 1953, to 1-1, 1954, that I last saw the deceased alive on 1-1, 1954, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

SIGNATURE Arthur R. Bergman, M.D. (DEGREE OR TITLE) ADDRESS 8801 Colesville Rd, Silver Spring, Md. DATE SIGNED 1-1-54

23. BURIAL, CREMATION REMOVAL (Specify): Cremation

DATE THEREOF 1-7-54

NAME OF CEMETERY OR CREMATORY Washington San. & Hosp.

LOCATION (City, town, or county) (State) Takoma Park, Maryland

DATE REC'D BY LOCAL REG. Jan. 12 1954

REGISTRAR'S SIGNATURE J. Nelson Dodd

24. FUNERAL DIRECTOR Robert A. Hare, M.D. ADDRESS

BUREAU V. S
JAN 14 1954

Cremated
at Jan 7, 1954
Mick Chung

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ORIGINAL

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Pk. Md.
LENGTH OF STAY (in this place) 4 WKs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium and Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Washington D.C COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Nw. Washington
STREET ADDRESS (If rural give location) 322 Emerson St.

3. NAME OF DECEASED: (Type or Print) (First) IDA (Middle) ROSE (Last) SCHWARTZ
4. DATE OF DEATH: (Month) Jan (Day) 7 (Year) 1954

5. SEX: F
6. COLOR OR RACE: Jewish
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 2-13-73
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? American

13. FATHER'S NAME: Joseph Sonnenberg
14. MOTHER'S MAIDEN NAME: Sarah (unknown)

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Pt's chart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) PROBABLE CEREBRO-VASC. ACCIDENT — Interval Between Onset And Death: IMMEDIATE

331 x

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) GEN. ARTERIOSCLEROSIS — ? - MANY YEARS.

260 x DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DIABETES MELLITUS, 15 YRS, CORONARY ARTERY DISEASE & FAILURE — 3 YEARS.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1949 to JAN, 1954, that I last saw the deceased alive on 1/5, 1954, and that death occurred at 8:55 pm, from the causes and on the date stated above.

SIGNATURE Jack J. Rheingold (Degree or title) MD. ADDRESS 1601 Argonne Pl. NW. WASH DC DATE SIGNED 1/7/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1/8/54
NAME OF CEMETERY OR CREMATORY Bar Israel Cem
LOCATION (City, town, or county) Washington (State) D.C.
DATE REC'D BY LOCAL REGISTRAR Jan 7 1954
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR B. Danzansky & son ADDRESS Wash DC 3501-14 St NW

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural-Rockville
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Residence

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Rockville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) RICHARD (Middle) EDWARD (Last) SEEK

4. DATE OF DEATH (Month) (Day) (Year) Jan. 31, 1954

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH Oct. 25, 1875

9. AGE Last birthday 78 yrs. | If under 1 year: Months 3, Days 6 | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Laintenance Man

10b. KIND OF BUSINESS OR INDUSTRY U.S.Govt

11. BIRTHPLACE (State or foreign country) Indiana

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unknown / Richard Smith Seek

14. MOTHER'S MAIDEN NAME Unknown /// Louise Llewellyn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. (If year, give war or dates of service) None 212 20 1721

17. INFORMANT AND ADDRESS Maggie B. Seek-Same Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

451 X

Immediate cause (a) Rupture of Aneurysm of Abdominal Aorta — Interval Between Onset and Death: 2 wks

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis, generalized — 10 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia — 10 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUNE, 1949, to JAN. 31, 1954, that I last saw the deceased alive on JAN. 31, 1954, and that death occurred at 2:55 P m., from the causes and on the date stated above.

SIGNATURE Robert J. Coyle (Degree or title) M.D. ADDRESS 5009 Del Ray Ave Bethesda Md DATE SIGNED 2-1-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE Feb. 3, 1954 | NAME OF CEMETERY OR CREMATORY Parklawn | LOCATION (City, town, or county) Rockville (State) Maryland

DATE REC'D BY LOCAL REG. 2-8-54 | REGISTRAR'S SIGNATURE Dorothy M. Jackson

24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

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BUREAU V. S.

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
MARYLAND
LENGTH OF STAY (in this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 12819 Colesville Rd.

3. NAME OF DECEASED (Type or Print) (First) Frank (Middle) — (Last) Selvaggio

4. DATE OF DEATH (Month) Jan. (Day) 10 (Year) 1954

5. SEX M

6. COLOR OR RACE Italian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower

8. DATE OF BIRTH 4-19-79

9. AGE last birthday 74 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoemaker (Retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Italy

12. CITIZEN OF WHAT COUNTRY? Italy

13. FATHER'S NAME Pietro Selvaggio

14. MOTHER'S MAIDEN NAME Concetta Frisella

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS - Hosp Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) 420.1 Coronary Thrombosis & anterior Infarction	4 wks.
Antecedent cause(s)	(b) Bronchopneumonia	10 Days.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Pulmonary atelectasis Rt Lower lobe	7 Days.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Advanced arteriosclerosis 20 yrs. 10 yrs.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — Diagnosis Cerebral Syphilis Encephalomalacia solitary cyst of Left Kidney

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 10, 1938 to Jan 10, 1954, that I last saw the deceased alive on Jan 10, 1954, and that death occurred at 2:03 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Emmett P. Laughlin Dr. — ADDRESS 934 Ellsworth Dr Silver Spring — DATE SIGNED 1-10-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE Jan. 12, 1954 — NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery — LOCATION (City, town, or county) (State) Washington, D. C.

DATE REC'D BY LOCAL REG. Jan 12 1954 — REGISTRAR'S SIGNATURE J. Adam Dodd

24. FUNERAL DIRECTOR Maurice E. Dunphey — ADDRESS Silver Spring, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda,
STREET ADDRESS (If rural give location) 8010 Georgetown Road

3. NAME OF DECEASED: (Type or Print) (First) Ivah (Middle) Allen (Last) Shear
4. DATE OF DEATH: (Month) Jan. (Day) 28 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Oct. 12, 1876
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Homemaker
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Medina, New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? Allen
14. MOTHER'S MAIDEN NAME: Orinda A. Scovell

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mr. Serge K. Doubrouff, 8010 Georgetown Road Bethesda, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH - 420.1

		Interval Between Onset And Death
Immediate cause	(a) Pulmonary - Infarct - Rt lung	2½ days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Coronary Thrombosis	3 days
	DUE TO (c) Cardio Vascular disease	20 yr.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Thrombosis — 12 hr.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1948, to date, 19 , that I last saw the deceased alive on 28 Jan., 1954, and that death occurred at 4:14 PM, from the causes and on the date stated above.

SIGNATURE John G. Ball (Degree or title) M.D. ADDRESS 7936 Georgetown Rd Bethesda Md DATE SIGNED 1/28/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1/30/54
NAME OF CEMETERY OR CREMATORY Glenwood Cemetery
LOCATION (City, town, or county) (State) Washington, D. C.
DATE REC'D BY LOCAL REGISTRAR 2/2/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Warner E. Pumphrey, ADDRESS 8434 Georgia Ave. Silver Spring, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Rockville — LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 5705 Crawford Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY Montgomery

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville

STREET ADDRESS (If rural, give location) 5705 Crawford Drive

3. NAME OF DECEASED: (Type or Print) (First) AGNES (Middle) ELIZABETH (Last) SHUMAN.

4. DATE OF DEATH: (Month) JAN. 8 (Day) (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 4, 1870

9. AGE Last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): York County

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Thuman

14. MOTHER'S MAIDEN NAME: Elizabeth Wagman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Rockville, Md. Mrs. Rayner J. Kline-5705 Crawford Driv

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) 420.1 Cardio-respiratory failure	15 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Pulmonary thrombosis & myocardial inf.	1 yr
	DUE TO (c) Hypertension & arteriosclerosis	Indefinite

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/30/53, to 1/8/54, that I last saw the deceased alive on 1/8/54, and that death occurred at 10:00 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Stephen R. Jones M.D. Rockville, Md. 1/8/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 1-11-54

NAME OF CEMETERY OR CREMATORY New Cathedral Cem.

LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. January 9-1954

REGISTRAR'S SIGNATURE R.W.

24. FUNERAL DIRECTOR JOHN A. MORAN

ADDRESS 3000 E. Balto St.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: TAKOMA PARK
COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TAKOMA PARK 17
LENGTH OF STAY (in this place) 3 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 805 FOYSTON DRIVE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY MONTGOMERY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TAKOMA PARK 1
STREET ADDRESS (If rural give location) 805 FORSTON DRIVE

3. NAME OF DECEASED: (Type or Print) (First) AMELIA (Middle) L (Last) SIMKEN

4. DATE OF DEATH: (Month) 1 (Day) 17 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: 12/21/90

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): NEW YORK

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CARL FREDERICKS

14. MOTHER'S MAIDEN NAME: AMELIA SIGWART

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: DOROTHY JOY 805 FORSTON DR. TAKOMA PK. MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) 170X Carcinoma of the breast — Interval Between Onset And Death: 2 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 16, 1954, to Jan 17, 1954, that I last saw the deceased alive on Jan 16, 1954, and that death occurred at 2:30 p.m.; from the causes and on the date stated above.

SIGNATURE (Degree or title) M. D. ADDRESS 5641 Colesville Rd Silver Spring Md DATE SIGNED Jan 17 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Jan 19 1954
NAME OF CEMETERY OR CREMATORY Flushing Cemetery
LOCATION (City, town, or county) Queens, Flushing (State) N. Y.

DATE REC'D BY LOCAL REGISTRAR Jan 17-1954
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Francis J Coolin ADDRESS 3821-14th St. N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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0721

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18, 7119

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1 PLACE OF DEATH:
COUNTY MONTGOMERY CO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER SPRING, MD. LENGTH OF STAY (in this place) 12 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS JOLLIFFE'S NURSING HOME

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE WASH. D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN D. C.
STREET ADDRESS (If rural give location) 7573 - ALASKA AVE. N.W. D.C.

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) MATTHEW SKLIRAKIS

4. DATE OF DEATH: (Month) (Day) (Year) Jan. 11 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWER
8. DATE OF BIRTH: DEC-12-1876
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: RESTAURANT OWNER
11. BIRTHPLACE (State or foreign country): GREECE (FOREIGN)
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: JAMES SKLIRAKIS
14. MOTHER'S MAIDEN NAME: KERIAS VEVOKAS

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No: 578-10-0993
17. INFORMANT & ADDRESS: MRS. CARTER - SUPERVISOR OF JOLLIFFE NURSING HOME

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

181X

Immediate cause (a) Cancer of bladder with bad metastases

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death: 1 yr.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 22, 1953, to Jan. 11, 1954, that I last saw the deceased alive on Dec. 29, 1953, and that death occurred at 4:18 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) John S. Rogers M.D.
ADDRESS 1919 Seminary Rd. Silver Spring Md.
DATE SIGNED Jan. 11, 1954

23. BURIAL, CREMATION, REMOVAL (Specify)
DATE THEREOF 1-1-54
NAME OF CEMETERY OR CREMATORY Glenwood Cemetery
LOCATION (City, town, or county) Washington (State) DC

DATE REC'D BY LOCAL REGISTRAR 1-4-54
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR W W Chambers
ADDRESS 1400 Chapin Nw Wash DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1904 Wilcher Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 1904 Wilcher Street

3. NAME OF DECEASED (Type or Print) (First) Steven (Middle) J. (Last) Smith
4. DATE OF DEATH (Month) Jan. (Day) 22 (Year) 1954
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH May 6, 1952
9. AGE last birthday 1 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Rochester, New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Frank L. Smith
14. MOTHER'S MAIDEN NAME Shirley E. Van Cuyck
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Sgt. Frank L. Smith, 1904 Wilcher St. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

754.4

Immediate cause (a) Heart failure c̄ extreme cardiomegaly

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Congenital heart disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank J. Broschart M.D. Gaithersburg Md 1-23-54

MATERIAL CREMATION MOVAL (Specify) Removal & Trans.
DATE THEREOF 1/23/54
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Fairport, New York

DATE REC'D BY LOCAL REG. [illegible]
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS 8434 Georgia Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Bethesda
LENGTH OF STAY (in this place) 6 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8400 Old Georgetown Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS 4607 (If rural give location) Highland Ave.

3. NAME OF DECEASED: (Type or Print) (First) Raymond (Middle) Dittmar (Last) Souder

4. DATE OF DEATH: (Month) Jan (Day) 14 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH:

9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Transit bus driver

10b. KIND OF BUSINESS OR INDUSTRY: City bus line

11. BIRTHPLACE (State or foreign country): U.S.A. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George C. Souder

14. MOTHER'S MAIDEN NAME: Charlotte Grimes

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Wife — 4607 Highland Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.1 (a) Acute pulmonary edema — Interval Between Onset And Death: 1 hour

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Coronary heart disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 21, 1953, to Jan 14, 1954, that I last saw the deceased alive on Jan 14, 1954, and that death occurred at 3:20 AM, from the causes and on the date stated above.
SIGNATURE (Degree or title) Allen J. O'Neill MD ADDRESS 7940 Georgetown Rd DATE SIGNED Jan 14, 1954

23. BURIAL, CREMATION, REMOVAL. (Specify) Burial DATE THEREOF JAN. 22, 1954 NAME OF CEMETERY OR CREMATORY Cedar Hill LOCATION (City, town, or county) Suitland (State) Md.

DATE REC'D BY LOCAL REGISTRAR 1/14/54 REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR THE S.H HINES CO ADDRESS 2901-14th ST N.W. WASH. D.C.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21-7

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Olney MONTGOMERY CO.
LENGTH OF STAY (In this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS GEN'L HOSPITAL, INC.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural give location) Manor Club Estates

3. NAME OF DECEASED: (Type or Print) (First) Johanna (Middle) Steindecker (Last)

4. DATE OF DEATH: (Month) January (Day) 29 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	5-23-1869	84 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Germany	USA

13. FATHER'S NAME: [illegible]

14. MOTHER'S MAIDEN NAME: [illegible] Sullivan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No			Mrs. J. E. Sullivan 4 Tuerk Court

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

180 X
Immediate cause (a) adenocarcinoma right kidney
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) adenocarcinoma metastatic
DUE TO
(c) to liver

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1-28-54	adenocarcinoma right kidney & metastasis to liver	Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-27 ,19 54, to 1-[illegible], 19 54, that I last saw the deceased alive on 1-29-54, 19 54, and that death occurred at 6:30 a.m. from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) ADDRESS [illegible] DATE SIGNED 1/29/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb 1 54	(Garden Hill)	Rutland Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-29-54	Gertrude B Fawler	Thomas E. Thompson	

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—~~BALTIMORE, 18~~

CERTIFICATE OF DEATH

Reg. Dist. No. 316

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural give location) 5913 Ipswich Road

3. NAME OF DECEASED: (Type or Print) (First) RICHARD (Middle) THOMAS (Last) STEWART

4. DATE OF DEATH: (Month) Jan. (Day) 19, (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 15, 1896

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR: Months 8 Days 4 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired- Machinest

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Gov't.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William L. Stewart

14. MOTHER'S MAIDEN NAME: Mary Nalley

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 577-07-4902

17. INFORMANT & ADDRESS: Elsie M. Stewart- Item 2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Coronary insufficiency — Interval Between Onset And Death 5 hrs
Immediate cause 443X
(a) DUE TO Coronary sclerosis
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO Hypertension — 2 yrs
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 5, 1954, to Jan. 19, 1954, that I last saw the deceased alive on Jan. 19, 1954, and that death occurred at 1:25 AM, from the causes and on the date stated above.
SIGNATURE (Degree or title) John B. Harrington ADDRESS 3810-12 NE Wash. DC DATE SIGNED Jan. 19, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1-22-54
NAME OF CEMETERY OR CREMATORY Glenwood
LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR 1/21/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert H. Crumpshey
ADDRESS Bethesda, Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
HOSPITAL OR INSTITUTION OR STREET ADDRESS 109 Forest Ave.	STREET ADDRESS (If rural, give location) Rockville Pike

3. NAME OF DECEASED (Type or Print) (First) LUCY (Middle) W. (Last) STODDARD				4. DATE OF DEATH (Month) Jan. (Day) 28, (Year) 1954 19	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 1, 1865	9. AGE last birthday 88 yrs.	If under 1 year Months 10 Days 27 — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Washington, D.C.		12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME Jessie [illegible] Wilson			14. MOTHER'S MAIDEN NAME Annie ?		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None		17. INFORMANT AND ADDRESS 5311 Locust Ave. Helen G. Stoddard-Bethesda, Md.		

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Myocardial failure, auricular fibrillation	1 month
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Senile arteriosclerosis & hypertension	5 years
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 1945, 19, to Jan. 28, 1954, that I last saw the deceased alive on Jan. 27, 1954, and that death occurred at 6:15 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Wm. A. Linthicum	M.D.	Rockville, Md.	1/28/54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF 1-30-54	NAME OF CEMETERY OR CREMATORY Glenwood	LOCATION (City, town, or county) (State) Washington, D.C.
DATE REC'D BY LOCAL REG. 1-29-54	REGISTRAR'S SIGNATURE Dorothy M. Jacobson	24. FUNERAL DIRECTOR Robert A. Pumphrey	ADDRESS Bethesda, Maryland

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MARYLAND STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

I

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda X — LENGTH OF STAY (in this place) 6 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D. C. 4 X
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center National Institutes of Health	STREET ADDRESS (If rural, give location) 2800 Quebec St.

3. NAME OF DECEASED (Type or Print) (First) Harold (Middle) A. (Last) Surle			4. DATE OF DEATH (Month) Jan. (Day) 11, (Year) 1954 19	
5. SEX Mal	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH Jan. 22, 1916	9. AGE last birthday 37 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Analyst		10b. KIND OF BUSINESS OR INDUSTRY Air Force	11. BIRTHPLACE (State or foreign country) Massachusetts	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Louis Surle			14. MOTHER'S MAIDEN NAME Sara Goldsmith	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) 2		16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS The medical record	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary occlusion — 20 min.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary atherosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 5, 1954, to Jan. 11, 1954, that I last saw the deceased alive on Jan. 11, 1954, and that death occurred at 5:15 p.m., from the causes and on the date stated above.

SIGNATURE Richard Haoff, M.D. (Degree or title) ADDRESS The Clinical Center, National Institutes of Health DATE SIGNED Jan. 12, 1954

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE 1-13-54	NAME OF CEMETERY OR CREMATORY Arlington Nat'l Cem.	LOCATION (City, town, or county) Arlington, (State) Va.
DATE REC'D BY LOCAL REG. 1/12/54	REGISTRAR'S SIGNATURE Bessie M. Thompson	24. FUNERAL DIRECTOR Goldberg Funeral Home	ADDRESS

4217 - 9th N.W. D.C.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (in this place) 2½ Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) Stateside Drive

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Effie	F.	Sabbatt	1	5	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	If UNDER 1 YEAR: Months / Days	If UNDER 24 HRS.: Hours / Min.
Female	White	Married	June 21 1896	57 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
housewife		Everett, Mass.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
? Fenwick	Charlotte Olson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no			Arthur M. Sabbatt, Silver Spring, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

197.9 Immediate cause (a) Metastatic Carcinoma, generalized — Interval Between Onset And Death: 10 yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 2 ..., 19 53., to 1-5-54, 19....., that I last saw the deceased alive on 1-5-54 19....., and that death occurred at 2:30 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Andrew C. Smith	M.D.	800 Butternut St N.W. Wash 12 D.C.	

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Jan. 7, 1954	George Washington Cemetery	Prince Georges County	Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/5/54	Bessie M. Thompson	J. Arthur Walters, 254 Carroll St. NW Washington, D.C.	

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; MARYLAND; LENGTH OF STAY (In this place) 8 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural, give location) 4823 43rd Place N.W.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Harry	Clayton	Taft	Jan	22	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
male	white	married	Sept. 26, 1891	62 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Pharmacist	Hospital	Naugatuk, Conn	U.S.

13. FATHER'S NAME: William D Taft

14. MOTHER'S MAIDEN NAME: Mary Mills

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes WWI	579-22-6835	G. Victor Taft, wife

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronary occlusion	Sudden death
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	

20. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION: —	19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J Broccoli	M.D	Gaithersburg md	2-22-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-26-54	Arlington Natl. Cemetary	Arlington Va.

DATE REC'D BY LOCAL REG	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-25-54	[illegible]	Alton Reval	7224-Wis Ave NW Washington, DC.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY MONGENTRY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETHESDA
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS PINE VIEW NURSING Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WASHINGTON
STREET ADDRESS (If rural, give location) 2312-20th St N.W

3. NAME OF DECEASED: (Type or Print) (First) EMMA (Middle) A (Last) THISSELL
4. DATE OF DEATH: (Month) 1 (Day) -15 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: 5-3-1875
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mass
12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: AMOS CARVER
14. MOTHER'S MAIDEN NAME: BELLE MORSE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 443X

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary edema + Congestive failure	3-4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Cerebral thrombosis	3 weeks
	DUE TO (c) Arteriosclerotic hypertensive heart disease	many years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-28-, 1953, to 15 Jan 1954, that I last saw the deceased alive on 14 Jan, 1954 and that death occurred at 11:20 A.m., from the causes and on the date stated above.

SIGNATURE Richard B Castell (DEGREE OR TITLE) M D ADDRESS Mayflower Hotel DATE SIGNED 15 Jan 54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 1-19-54
NAME OF CEMETERY OR CREMATORY Family Cemetery
LOCATION (City, town, or county) (State) Bellamy Mass

DATE REC'D BY LOCAL REG. 1/18/54
REGISTRAR'S SIGNATURE Bessie M Thompson
24. FUNERAL DIRECTOR J. W. Lee Son Co. ADDRESS 800-48 Wash D.C.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15 8-51

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sandy Spring
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sandy Spring
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Martha (Middle) (Last) Thomas
4. DATE OF DEATH: (Month) (Day) (Year) January 20 1954
5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 18 1871 1870
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Thomas Carter
14. MOTHER'S MAIDEN NAME: Susanna Howard
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Charles Thomas - Sandy Spring, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 442X

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Congestion + Oedema	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Passive Pneumonia - Decubitus	10 days
	DUE TO (c) Hypertensive Cardiorenal Disease	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Epilepsy - Dislocated Hip 3 weeks

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home (CITY OR TOWN) Sandy Spring (COUNTY) Montg. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) January 6 54 M.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Fell out of bed

22. I hereby certify that I attended the deceased from March, 1935, to January 1954, that I last saw the deceased alive on Jan. 20, 1954, and that death occurred at 1:50 P.M., from the causes and on the date stated above.

SIGNATURE Nebeler Jewell (DEGREE OR TITLE) M.D. ADDRESS Silver Spring Md DATE SIGNED 1.21.54

23. BURIAL, CREMATION REMOVAL (Specify): DATE THEREOF 1/24/54 NAME OF CEMETERY OR CREMATORY Ash Memorial LOCATION (City, town, or county) Sandy Spring, Md (State)

DATE REC'D BY LOCAL REG. 1-24-54 REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR Robert L. Snowden ADDRESS Rockville, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

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JAN 23 1974
BUREAU V. S.

0731

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

0071

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Spencerville X
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgo
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Spencerville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Richard Ernest Thomas
4. DATE OF DEATH: (Month) (Day) (Year) January 18 1954

5. SEX: Male
6. COLOR OR RACE: Colored
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify): Married
8. DATE OF BIRTH: Sept 15, 1875
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farm Labor
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Josiah Thomas
14. MOTHER'S MAIDEN NAME: Eliza ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Margaret Thomas - Spencerville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

491 X
Immediate cause (a) Myocardial Failure
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Toxemia
DUE TO
(c) Pneumonia (Broncho) 1.15.54

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 14, 1947, to Jan 18, 1954, that I last saw the deceased alive on Jan 18, 1954, and that death occurred at 7:20 PM, from the causes and on the date stated above.
SIGNATURE (Degree or title) Webster Fuell, M.D. ADDRESS Norbeck DATE SIGNED Jan. 20 1954

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 1/22/54 NAME OF CEMETERY OR CREMATORY Mt Calvary LOCATION (City, town, or county) (State) Spencerville, Md

DATE REC'D BY LOCAL REGISTRAR Jan 22/54 REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Robert L. Snowden ADDRESS Rockville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 23 1 54
BUREAU V. S.

0732

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21L

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Potomac
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: ~~12915 Georgia Ave.~~ X

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 12915 Georgia Ave.

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) E. (Last) THOMPSON

4. DATE OF DEATH: (Month) Jan. (Day) 4, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1-19-81

9. AGE last birthday: 72 yrs. If under 1 year: Months 11, Days 15. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY: Self Emp.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Thompson

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mattie Thompson- Item" 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage (Left Hemiplegia) — Interval between onset and death: 6 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Arteriosclerosis — 15 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 29 Dec, 1953, to 4 Jan., 1954, that I last saw the deceased alive on 3 Jan, 1954 and that death occurred at 10 a.m., from the causes and on the date stated above.

SIGNATURE: H Humphrey (Degree or title) MD ADDRESS: Rockville Md DATE SIGNED: 6 Jan 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 1-6-54

NAME OF CEMETERY OR CREMATORY: Rockville, Union

LOCATION (City, town, or county) (State): Rockville, Maryland

DATE REC'D BY LOCAL REG.: 1/6/54

REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: Robert H. Humphrey ADDRESS: Bethesda, Md.

BUREAU V. S.

0733

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery X MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (In Hospital)
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MONTGOMERY COUNTY GENERAL HOSPITAL OLNEY. MD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brinklow
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Harry (Middle) (Last) Tilly
4. DATE OF DEATH (Month) January (Day) 8 (Year) 1954
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Mar. 29, 1897
9. AGE last birthday 57 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Norbeck, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME William Johnson
14. MOTHER'S MAIDEN NAME Marion D. Tilley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) World War #1
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Hazel Johnson 1425 Crittenden St N.W.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary occlusion — Sudden death

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Broschart M.D. ADDRESS Gaithersburg Md DATE SIGNED 1-8-54

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 1/12/54 NAME OF CEMETERY OR CREMATORY Arlington National LOCATION (City, town, or county) Arlington (State) VA

DATE REC'D BY LOCAL REG. 1-11-54 REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR R. L. Snowden, Rockville, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
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BUREAU V. S.

0734

MARYLAND STATE DEPARTMENT OF HEALTH—~~BALTIMORE, MD.~~

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4618 Derussey Pkwy.

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural give location) 4618 Derussey Pkwy.

3. NAME OF DECEASED: (First) MAUD (Middle) O. (Last) TOPPER
4. DATE OF DEATH: (Month) (Day) (Year) Jan. 7, 1954 19
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: Dec. 13, 1878
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months 0 Days 24 IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Frederick, Maryland
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Elmer Crum
14. MOTHER'S MAIDEN NAME: Mary Taylor
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Joyce McGinness- Item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 5 mos.
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis - Hypertension

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 3, 1953, to Jan. 7, 1954, that I last saw the deceased alive on 1-7, 1954, and that death occurred at 8 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Paul A. Taylor M.D. — ADDRESS 2140 Pa. Ave. N.W. Wash. 7 DC. — DATE SIGNED 1-7-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 1-11-54 — NAME OF CEMETERY OR CREMATORY St. John's — LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 1/7/54 — REGISTRAR'S SIGNATURE Bessie M. Thompson — 24. FUNERAL DIRECTOR Robert A. Dumphrey — ADDRESS Bethesda, Md.

VS. A15

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BUREAU V. S.

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20,22,
Items 18&21 Film G161 2-10-54 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (In this place) 1 hour
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery County General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ashton
STREET ADDRESS (If rural, give location) ---

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) JAMES MICHAEL TREADWAY
4. DATE OF DEATH (Month) (Day) (Year) January 22 1954
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH July 2, 1949
9. AGE last birthday 4 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Olney, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Hamilton Treadway
14. MOTHER'S MAIDEN NAME Audrey Anderson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mr. Wm. H. Treadway, Ashton, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Ethyl chloride followed by Ether Anesthesia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: died suddenly

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. In preparation for T & A

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Montg.Co.Gen.Hosp. (CITY OR TOWN) Olney (COUNTY) Montg. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 1-22-54 9:10a m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Undergoing anesthesia

22. I certify that I took charge of the remains described above, held an Autopsy X, Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident X, suicide , homicide , undetermined .

SIGNATURE Frank J. Brosstrait (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 1-22-54

FINAL CREMATION (OVAL Specify) Burial
DATE THEREOF 1/25/54
NAME OF CEMETERY OR CREMATORY Woodside Cemetery
LOCATION (City, town, or county) (State) Brinklow, Montgomery Co., Md.

DATE REC'D BY LOCAL REG 1-26-54
REGISTRAR'S SIGNATURE Gertrude B. Fowler
24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS 8434 Georgia Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important Physicians: please write the causes of death clearly and legibly.

RECEIVED
U. S.

0736

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rutland | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) Glenmont Rd. Rt 1

3. NAME OF DECEASED: (Type or Print) (First) Michael (Middle) Edward (Last) Tumulty

4. DATE OF DEATH: (Month) Jan. (Day) 13 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Jan. 9 1954

9. AGE last birthday: yrs. 4
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph B. Tumulty

14. MOTHER'S MAIDEN NAME: Alice R. Fong

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Alice R. Tumulty - Silver Spring Md Glenmont Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Multiple internal hemorrhages — Interval Between Onset And Death: 24 hrs

Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Erythroblastosis — 4 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 9, 1954, to Jan 13, 1954, that I last saw the deceased alive on Jan 12, 1954, and that death occurred at 2:45 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank G. Zack M.D. ADDRESS Silver Spring Md DATE SIGNED Jan 13, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 1/14/54 NAME OF CEMETERY OR CREMATORY Mt. Olivet LOCATION (City, town, or county) (State) Washington, D. C.

DATE REC'D BY LOCAL REGISTRAR 1/14/54 REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR W. Warren Tattersall ADDRESS 3619-14th St N.W. Wash. D.C.

DUPLICATE

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
BUREAU V. S.

M 0737 Film 5160 Item # 9 1/11/54 exp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN RURAL-CABIN JOHN
LENGTH OF STAY (In this place) 14 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7505 ARDEN RD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - CABIN JOHN
STREET ADDRESS (If rural, give location) 7505 ARDEN ROAD

3. NAME OF DECEASED: (Type or Print) (First) EMANUEL (Middle) HUGO (Last) Waldecker

4. DATE OF DEATH: (Month) JAN (Day) 1 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: NOV 16, 1882

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CPA

10b. KIND OF BUSINESS OR INDUSTRY: ACCOUNTING

11. BIRTHPLACE (State or foreign country): WASHINGTON, DC

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: EMANUEL WALDECKER

14. MOTHER'S MAIDEN NAME: MATILDA ROESER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: 7505 ARDEN RD. ETHEL WALDECKER CABIN JOHN, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
191X		
Immediate cause	(a) Epidermoid Carcinoma, Right pyriform Sinus,	2½ yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) with Bilateral neck node metastasis, post irradiation)	
	DUE TO (c) recurrent, Post-Tracheotomy	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) none (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) none M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from Dec ..., 1951, to 1-1 ..., 1954, that I last saw the deceased alive on 12-31 ..., 1953, and that death occurred at 2:15 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Frederick J. Donn Jr., M.D. 1801 K St. N.W. Washington 6, DC 1-1-54

23. BURIAL, CREMATION REMOVAL (Specify): Cremation
DATE THEREOF JAN 1 1954
NAME OF CEMETERY OR CREMATORY J.W. LEE & SONS CREMATORY
LOCATION (City, town, or county) (State) WASHINGTON DC

DATE REC'D BY LOCAL REG. 1-4-54
REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR J.W. LEE & SONS Co.
ADDRESS WASHINGTON D.C.

VS. A11 8-51

BUREAU V. S.

0733 File#160 Item# 8 1/22/54 emi

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Zion
LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Montgo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sandy Spring
STREET ADDRESS (If rural give location) Brooke Rd.

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) V. (Last) Webster
4. DATE OF DEATH: (Month) Jan (Day) 5 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: January 18, 1871 1870
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Basil Ray
14. MOTHER'S MAIDEN NAME: Ellen Prather

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Hester Alcorn - Sandy Spring Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Thrombosis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Hypertension + Obesity

DUE TO (c) Cardiorenal disease

Interval Between Onset And Death: 1½ days

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Epilepsy

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 10, 1936, to Jan. 5, 1954, that I last saw the deceased alive on Jan. 5, 1954, and that death occurred at 7:15 PM from the causes and on the date stated above.

SIGNATURE Webster Sewell (Degree or title) M.D. ADDRESS Norbeck DATE SIGNED 1-9-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1/9/54
NAME OF CEMETERY OR CREMATORY Sandy Spring
LOCATION (City, town, or county) Sandy Spring, Md (State)
DATE REC'D BY LOCAL REGISTRAR 1-9-54
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR Robert L. Snowden ADDRESS Rockville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH
COUNTY Montgomery County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase Md
LENGTH OF STAY (In this place) 11 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6616 western ave n w

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase Maryland
STREET ADDRESS (If rural, give location) 6616 Western Ave N.W.

3. NAME OF DECEASED (Type or Print) (First) B.O. (Middle) Lowndes (Last) Wells.

4. DATE OF DEATH (Month) Jan. (Day) 31 (Year) 1954

5. SEX M | 6. COLOR OR RACE White | 7. SINGLE, (MARRIED), WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH March 6-1879 | 9. AGE Last Birthday 74 yrs. | If under 1 year: Months. Days. Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dentist | 10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Baltimore Md | 12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Charles A Wells

14. MOTHER'S MAIDEN NAME Mary Hyatt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service) —

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mrs B.O. Wells (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
420.0
Immediate cause (a) Coronary Thrombosis — Interval between onset and death 12 hours

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arteriosclerotic heart disease — Indeterminate
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-31- , 1954 to 1-31- , 1954, that I last saw the deceased alive on 1-31- , 1954 and that death occurred at 1.30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Adolphus P King. ADDRESS 1835 Eye St N W Washington D C DATE SIGNED 2-1-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 2/3/54 | NAME OF CEMETERY OR CREMATORY Ft Lincoln | LOCATION (City, town, or county) Colmar Manor (State) Md

DATE REC'D BY LOCAL REG. 2/2/54 | REGISTRAR'S SIGNATURE Amanda Denney 2/4/54 Bessie M. Thompson

24. FUNERAL DIRECTOR F Gascon Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

Reported to and approved by
Montgomery County Medical examiner -
C. P. King

0741

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY MONTGOMERY; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETHESDA; LENGTH OF STAY (in this place) 6 YRS.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 8607 IRVINGTON AVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY MONTGOMERY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETHESDA.; STREET ADDRESS (If rural, give location) 8607 IRVINGTON AVE.

3. NAME OF DECEASED (Type or Print): (First) GLADYS (Middle) HELEN (Last) WELTE

4. DATE OF DEATH: (Month) JAN (Day) 15 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: JAN 4 1891

9. AGE last birthday: 63 yrs. If under 1 year: Months 0 Days 11 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (State or foreign country): TURKEY

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: ALFRED PERCY RICE

14. MOTHER'S MAIDEN NAME: EDITH SMITH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: H.E.WELTE (HUSBAND) 8607 IRVINGTON BETHESDA, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

114

Immediate cause (a) Carcinomatosis, terminal from — Interval Between Onset and Death: 2yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of uterus, primary — 2yrs+

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cecostomy, spontaneous, due to carcinoma in pelvis — 6 wks

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): —

(CITY OR TOWN): —

(COUNTY): —

(STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from ..., 1951..., to Jan 15, 1954, that I last saw the deceased alive on Jan 14, 1954, and that death occurred at 1.05 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Stewart Schaffel, M.D. ADDRESS 3921 Ingomar St. N.W. Wash DC DATE SIGNED 1-15-54

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation | DATE THEREOF: 1/15/1954 | NAME OF CEMETERY OR CREMATORY: Cedar Hill | LOCATION (City, town, or county) (State): Prince George Maryland

DATE REC'D BY LOCAL REG. 1/16/54 | REGISTRAR'S SIGNATURE: Jessie [illegible] | 24. FUNERAL DIRECTOR: [illegible] ADDRESS: Bethesda, Md.

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BUREAU V. S.

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Film#G161 Item# 1,5,6, 1/20/54 emf Film#160 Item# 7,14 1/25/54 emf
Item13 Film#161 2-1-54 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase X
LENGTH OF STAY (in this place) 20 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8 Primrose St. X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS # (If rural give location) 8 Primrose St

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) K. (Last) West

4. DATE OF DEATH: (Month) 1 (Day) 11 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11/8/1892

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Banker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Dr George B. West

14. MOTHER'S MAIDEN NAME: Adelaide Sarah Koontz

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Charles West 8 Primrose St Chevy Chase Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause 420.1	(a) Coronary Occlusion	Minutes
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Arteriosclerosis	Unknown
	(c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ? Cirrhosis of liver — Unknown

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ...., 19...., to ...., 19...., that I last saw the deceased alive on ...., 19...., and that death occurred at 2:10 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Harry A. Hartman Jr. ADDRESS 2023 R St NW. Wash D.C. DATE SIGNED 12 Jan 54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 1/14/54. NAME OF CEMETERY OR CREMATORY Rock Creek LOCATION (City, town, or county) Washington (State) DC

DATE REC'D BY LOCAL REGISTRAR 1/11/54 REGISTRAR'S SIGNATURE Bessie M Thompson

24. FUNERAL DIRECTOR Joe Saunders Sons ADDRESS 1156 14th St NW Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1/11/54. 4:10 AM

Authorize to remove body by
Richard Montgomery Co Coroner

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BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Monigomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda X
LENGTH OF STAY (in this place) 3 da 7 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland. COUNTY Monigomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda X
STREET ADDRESS (If rural give location) 4603 Highland ave.

3. NAME OF DECEASED: (Type or Print) (First) Marina (Middle) Levenia (Last) West
4. DATE OF DEATH: (Month) Jan. (Day) 8 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Separated
8. DATE OF BIRTH: 10/6/1881
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Clothes Designer
11. BIRTHPLACE (State or foreign country): Tenn.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Wm Alexander
14. MOTHER'S MAIDEN NAME: Pauline C Allie
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No.
16. SOCIAL SECURITY No.: None.
17. INFORMANT & ADDRESS: 4603 Highland ave. Bethesda Md (Daughter) Mrs Geo. M. Stant

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.1

			Interval Between Onset And Death
Immediate cause	(a)	Acute Cardiac Failure	7 hrs
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	Coronary Occlusion	3 days
	DUE TO (c)	Arteriosclerosis (Advanced)	5 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952, to 1/8, 1954, that I last saw the deceased alive on 1/8, 1954, and that death occurred at 6 P.M., from the causes and on the date stated above.
SIGNATURE Frank Jaggery Jr. (Degree or title) M.D. ADDRESS 5707 Wisconsin Ave DATE SIGNED 1/8/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1-11-54
NAME OF CEMETERY OR CREMATORY Parklawn
LOCATION (City, town, or county) (State) Rockville Maryland
DATE REC'D BY LOCAL REGISTRAR 1/9/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5605 Wilson Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Montgomery COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda 14, Maryland
STREET ADDRESS (If rural give location) 5605 Wilson Lane,

3. NAME OF DECEASED: (Type or Print) (First) Erma (Middle) Hays (Last) Whitlow

4. DATE OF DEATH: (Month) January (Day) 8 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10/25/1893

9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles A. Hays

14. MOTHER'S MAIDEN NAME: Millie Liddle

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Oscar G. Whitlow 5605 Wilson Lane Bethesda, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) ..... Coronary Occlusion — Interval Between Onset And Death: 7 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) ... Cardiac Hypertrophy - Hypertension — 5 yrs.

DUE TO

2.3.7

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Incipient Diabetes Mellitus

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 30, 1948, to Jan. 8, 1954, that I last saw the deceased alive on Jan. 8, 1954, and that death occurred at 8:20 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D.

ADDRESS 3805 McKinley St., N.W. Wash. 15, D. C. DATE SIGNED Jan. 8, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Buried

DATE THEREOF Jan 11, 1954

NAME OF CEMETERY OR CREMATORY Glenwood Cem.

LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 1/8/54 Bessie M. Thompson

24. FUNERAL DIRECTOR The S.H. Hines Co.

ADDRESS 2901-14th St. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) O.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Monty Co. Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 928 Gorsuth Ave

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Corum (Last) Wilhelm Jr.

4. DATE OF DEATH (Month) Jan (Day) 25 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 11-5-1912
9. AGE last birthday 41 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Priest
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Corum Wilhelm
14. MOTHER'S MAIDEN NAME Jessie Beatty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. — —
17. INFORMANT AND ADDRESS Father J.C. Griffith St. Bernards Baltimore Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: sudden death.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Broeckart M.D.
ADDRESS Gaithersburg Md
DATE SIGNED 1-25-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1/29/54
NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery
LOCATION (City, town, or county) (State) Baltimore Md

DATE REC'D BY LOCAL REG. 1-25-54
REGISTRAR'S SIGNATURE Gertrude B Tawlin
24. FUNERAL DIRECTOR J. Melville Jenkins
ADDRESS 2713 Kirk Ave Baltimore Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

0715

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

1. PLACE OF DEATH:

COUNTY [illegible] MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): [illegible] rural X

LENGTH OF STAY (in this place): 5 Days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Puerto Rico COUNTY:

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): [illegible]

STREET ADDRESS (If rural give location): [illegible]

3. NAME OF DECEASED: (Type or Print) (First) Larry (Middle) [illegible] (Last) [illegible]

4. DATE OF DEATH: (Month) January (Day) [illegible] (Year) 19[illegible]

5. SEX: [illegible]

6. COLOR OR RACE: [illegible]

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: September 4, [illegible]

9. AGE last birthday: [illegible] yrs. If under 1 year: Months [illegible] Days [illegible] If under 24 hrs.: Hours [illegible] Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): San Juan, Puerto Rico

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Lewis F. Wilson

14. MOTHER'S MAIDEN NAME: Ann G. Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Father: Lewis F. Wilson Same as [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

5922

Immediate cause (a) Chronic nephritis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death: 3½ mos.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: [illegible]

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. [illegible], 19[illegible], to Jan. [illegible], 1954, that I last saw the deceased alive on [illegible], 1954, and that death occurred at 9:[illegible] AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) [illegible], LT MC USN, U.S. Naval Hospital, NNMC, Bethesda, Maryland

ADDRESS

DATE SIGNED [illegible]

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF January [illegible], 19[illegible]

NAME OF CEMETERY OR CREMATORY Arlington National Cemetery

LOCATION (City, town, or county) Arlington, Virginia (State)

DATE REC'D BY LOCAL REGISTRAR [illegible]

REGISTRAR'S SIGNATURE Mary E. Farrelly

24. FUNERAL DIRECTOR R.A. Pumphrey Funeral [illegible] Avenue, Bethesda, [illegible]

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

JAN 12 1954
BUREAU V. S.

0613

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park, Md.
LENGTH OF STAY (in this place) 58 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 2551 17th St. N.W. Wash. D.C.

3. NAME OF DECEASED (Type or Print): (First) Laura (Middle) Viola (Last) Wilson

4. DATE OF DEATH: (Month) Jan. (Day) 21 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: January 1, 1881
9. AGE last birthday: 73 Yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Georgia
12. CITIZEN OF WHAT COUNTRY: America

13. FATHER'S NAME: Henry Clanton
14. MOTHER'S MAIDEN NAME: Laura Clanton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If year, give war or dates of service):
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Washington San. Hospital Records - and Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Arteriosclerosis — Interval between onset and death: 2 mo.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)... (c) aseptic necrosis of head of right femur — 2 mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 14, 1953 to Jan 21, 1954, that I last saw the deceased alive on Jan. 21, 1954, and that death occurred at 8:50 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Isabel L. Maloney M.D. ADDRESS Takoma Park Md DATE SIGNED Jan. 2, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Graveside-Burial
DATE: 1/22/54
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State): Statesboro, Georgia

DATE REC'D BY LOCAL REG.: Jan. 21 1954
REGISTRAR'S SIGNATURE: J. Melvin Dodd
24. FUNERAL DIRECTOR: L. H. Hines Co. ADDRESS: Washington, D.C.

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH--BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington — LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fair Haven Rest Home, 10231-Carroll Place

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District Of Col. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) LILY (Middle) (Last) WINSTEAD

4. DATE OF DEATH: (Month) January (Day) 6, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: April 4, 1874

9. AGE last birthday: 79 yrs. — IF UNDER 1 YEAR: Months 9 Days 2 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: C.G. Sutherland

14. MOTHER'S MAIDEN NAME: Mary Ellen Grant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) ----

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Fair Haven Rest Home Record, 10231-Carroll Place, Kensington, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) arteriosclerotic heart disease — 3 yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) generalized arteriosclerosis
DUE TO (c) terminal heart failure — 2 weeks

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. senility.

19a. DATE OF OPERATION: ---

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/21 ..., 1951, to 1/6 ..., 1954, that I last saw the deceased alive on 1/5 ..., 1954, and that death occurred at 9 A.M., from the causes and on the date stated above.

SIGNATURE: F.W. Nealon Jr. (Degree or title) M.D. — ADDRESS: 1746 K St N.W. — DATE SIGNED: 1/6/54

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) Washington, (State) D.C.

DATE REC'D BY LOCAL REGISTRAR 1/6/54 — REGISTRAR'S SIGNATURE: Bessie M. Thompson

24. FUNERAL DIRECTOR: Martin W. Hysong Co., ADDRESS: 1300-N St. N.W. Washington, D.C.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montg. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY [illegible]
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase
STREET ADDRESS (If rural give location) 2945 Terrace Dr

3. NAME OF DECEASED: (Type or Print) (First) Bernard (Middle) (Last) Wohl
4. DATE OF DEATH: (Month) Jan (Day) 9 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Mch. 3 1901
9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Liquor Dealer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Brooklyn NY
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Sam Wohl
14. MOTHER'S MAIDEN NAME: Bessie Glick
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Sidney Wohl. Son

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 410x (a) Congestive Heart Failure — Interval Between Onset And Death: 1 week

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Rheumatic Cardio Vascular Disease — 5 years (?)

DUE TO (c) Bergers Disease

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949 to Jan. 9, 1954, that I last saw the deceased alive on Jan. 9, 1954, and that death occurred at 9:35 PM from the causes and on the date stated above.

SIGNATURE (Degree or title) Paul Cornet MD ADDRESS 4847 Del Ge Ley DATE SIGNED 1-9-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1/10-54
NAME OF CEMETERY OR CREMATORY Geo Wash Memorial
LOCATION (City, town, or county) (State) Hyattsville Md
DATE REC'D BY LOCAL REGISTRAR 1-11-54
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Goldberg Funeral Home ADDRESS 4217 9th St N W Wash. D.C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00730

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda rural X
LENGTH OF STAY (in this place) 3 Month 28 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital 50

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Charles
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ironsides 08X-2
STREET ADDRESS (If rural give location) General Delivery ✓

3. NAME OF DECEASED: (Type or Print) (First) Katherine (Middle) Braun (Last) Wolfe

4. DATE OF DEATH: (Month) January (Day) 14 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June 13, 1914
9. AGE last birthday: 39 yrs. IF UNDER 1 YEAR Months 1 Days 1 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Butler, Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George W. Braun
14. MOTHER'S MAIDEN NAME: Josephine Slater

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 2 Yes (If Yes, give war or dates of service) WWII
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Husband: Daniel W. Wolfe Same as #2 above.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

345X
Immediate cause (a) Bronchopneumonia (Secondary)
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Acute disseminated multiple sclerosis 4 mos
DUE TO
(c) c̄ coma

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept.16, 1953, to Jan. 14, 1954, that I last saw the deceased alive on Jan. 14, 1954, and that death occurred at 9:45 PM, from the causes and on the date stated above.

SIGNATURE John T. McHenry (Degree or title) ADDRESS DATE SIGNED 1954
J.C.T. MC HENRY, LTJG USNR, MC. U.S. Naval Hospital, NNMC, Bethesda, Maryland. January 16.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF January 19, 1954
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) Arlington, Virginia. (State)

DATE REC'D BY LOCAL REGISTRAR January 16, 1954
REGISTRAR'S SIGNATURE Mary E. Farrelly

24. FUNERAL DIRECTOR R.A.Pumphrey Funeral Home, 7557 Wisconsin Avenue, Bethesda, Maryland. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00731

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY Montgomery MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda rural X

LENGTH OF STAY (in this place): 9 Days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S.Naval Hospital 50

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE District Columbia COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington 47X3

STREET ADDRESS (If rural give location): 1003 "K" Street S.E.,

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Mary	Lou	Wood	January	5	19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Single	March 22,1950	3 yrs.	9	13		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
None	None	Glens, Falls, New York	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Walter B. Wood	Shirley Morrill

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		Father: Walter B. Wood Same as #2 above.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

204.0

Immediate cause (a) Acute hemorrhage, ileum, jejunum — Interval Between Onset And Death:

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) acute leukemia, lymphatic — Approx. 2 mo.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
-		Yes XX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 26, 1953, to Jan. 5, 19 54, that I last saw the deceased alive on Jan. 5, 1954, and that death occurred at 7:00 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
M. S. ALLEN, LTX MC USN	U. S. Naval Hospital, NNMC, Bethesda, Maryland	January 7, 1954

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal Burial	January 7 1954	West Glens Falls Cemetery	Warren County New York.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
January 7, 1954	Mary E. Farrelly	R.A. Pumphrey Funeral Home, 7557 Wisconsin Avenue, Bethesda, Maryland.

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BUREAU V. S.